

CLA Cuts Slip: Make sure parent fills out and signs top section before submitting to teachers

Student Name: Parent Name:		Student Grade:
1st Hour - Class	Teacher Name	Teacher Initial
2nd Hour - Class	Teacher Name	 Teacher Initial
3rd Hour- Class	Teacher Name ₋	Teacher Initial
4th Hour - Class	Teacher Name	Teacher Initial
5th Hour - Class	Teacher Name	Teacher Initial
6th Hour - Class	Teacher Name	Teacher Initial
7th Hour - Class	Teacher Name	Teacher Initial