Virtual Learning Assignments

Parents please Sign and return all work to the teacher upon returning to school.

| | _ Religion | |
|-------------------|------------------------------------|------------------|
| | _ Math | |
| | _ English | |
| | _ Reading | |
| | _ Social Studies | |
| | _ Science | |
| | _ Technology | |
| Date | | |
| My child complete | d all virtual learning activities. | _ (Please Print) |
| | Parent Signature | _ |