

Wheat Ridge High School
Art Department, Studio 23

Student Name (please print): _____

Course: _____

Period: _____

Semester Level: _____

I have read the course syllabus and understand the expectations and policies of this art class at Wheat Ridge High School.

Student signature: _____ Grade Level: _____

Parent signature: _____ Date: _____

I understand that Mr. Scaglione will be selecting student work to exhibit in school displays, student shows, and an online gallery. I give Mr. Scaglione permission to include this student's art in such exhibitions.

Student signature: _____ Grade Level: _____

Parent signature: _____ Date: _____

Thank you,



Franky Scaglione
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