

Name: _____

Hour: _____

Important Deadlines

Test returned: Wed. Nov. 20
Retake Deadline Monday Dec. 4

Science Retake Contract

I wish to retake the following:

Part 1 _____

Part 2 _____

Part 3 _____

Note: You should make more than one appointment if you plan on retaking more than one part.

The following items must be completed to retake the test:

_____ Complete the original reviews again – correctly and without assistance

_____ Corrections made to your original test

_____ Recently done Review (**signed by your parent**), and Test, clipped to this sheet Also signed.

_____ Practice work returned to Mr. Keith no later than **Monday Dec. 2**

_____ Make an appointment to review or get help from Mr. Keith – if needed

_____ My retake appointment(s) is/are: (one session per retake part)

Monday Nov. 25 ___ Before School ___ Lunch ___ After School

Tuesday Nov. 26 ___ Before School ___ Lunch ___ After School

Monday Dec. 2 ___ Before School ___ Lunch ___ After School

Tuesday Dec. 3 ___ Before School ___ Lunch (Staff meeting)

Wednesday Dec. 4 ___ Before School ___ Lunch ___ After School

Student Signature/ Date

Parent Signature/ Date