



NO EATING OR DRINKING IN THE CLASSROOM

Name _____

Date _____

Class _____

Teacher _____

Dear Parents,

Your child (name) _____ was eating/drinking _____ in the classroom. Please be reminded that no eating or drinking is allowed in the classroom. This includes candies and gum. It is important that you discuss this school rule with your child so that he/she will abide by it in the future. Please sign this form and return it to me by the next class. Thank you for your cooperation.

Student's signature

Parent's signature



NO EATING OR DRINKING IN THE CLASSROOM

Name _____

Date _____

Class _____

Teacher _____

Dear Parents,

Your child (name) _____ was eating/drinking _____ in the classroom. Please be reminded that no eating or drinking is allowed in the classroom. This includes candies and gum. It is important that you discuss this school rule with your child so that he/she will abide by it in the future. Please sign this form and return it to me by the next class. Thank you for your cooperation.

Student's signature

Parent's signature