Teacher ______________________________

HELPFUL CONTACTS

Teacher “SubBud”

____________________________ Room # _____

____________________________ Room # _____

Campus Administrator over Substitutes

________________________________________

Admin Phone # __________________________

Student “SubBud”

Block: ________________________________

Block: ________________________________

Block: ________________________________

Location of Teacher Lesson Plans

________________________________________

Location of Emergency/Additional Lesson Plans

________________________________________

Location of “GO KIT”

________________________________________

Classroom Policy/Procedures Regarding:

Cell Phones Visible and/or Being Used

Listening to iPods/Mp3 Players, etc.

Food/Drinks/Gum in the Classroom

Restroom Breaks/Passes

Information Regarding Teacher Duty

Where can I store my personal belongings?

Student Release Notices

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Additional Notes

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