

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

Name	Per	Name	Per

**Additional Notes**