**Studio Visual ART CLASSES**

**Year Long Creative Photography Class**

**Student – Parent – Teacher Agreement**

Dear Students and Parents/Guardians;

My name is Susan Johnson and I am your Studio Visual Art Instructor. I am excited about having the opportunity to work you and your child. My hope is to partner together with students and parents/guardians to create a learning community within our classroom centered around **Habits of Work** to best meet the needs of all learners.

**Students are required to bring in an old oversized tee shirt to protect their clothing when engaged in messy art activities.**

**A** - **ATTITUDE** - Be Positive! Come in ready to work.

Students are asked to come to class on time, be seated by the time the bell rings, and always have two #2 pencils (for drawing and shading purposes mechanical pencils cannot be used) in class every day.

**Habit of Work -** **Demonstrates responsibility for personal decisions and actions**

**R** - **RESPECT** - Give it to get it! This includes respect for materials, your fellow students, teachers, P.K. Yonge, and the work of all students.

I strive to create an art studio experience that embraces diversity and acceptance for everyone.

**Habit of Work -** **Demonstrates good citizenship in the school community**

**T** - **TRY YOUR BEST** - Effort Counts! This is the most important. Student become better artists by trying their best and working up to their potential. Be your best!

**Habit of Work - Shows respect for people ideas and property**

**To offset the high cost of art materials we ask that each child please make a $40.00 donation to our Visual Arts Program.**

**Checks should be made out to the University of Florida and returned with this signed form.**

I have read all of the information provided by Ms. Johnson. I understand and agree to the terms of this class.

Student Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature with date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature with date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I look forward to a creative and productive art experience with your child.

Sincerely,

**Susan Irene Johnson**

Susan I Johnson