

## HOMWORK SURVEY

Do you want your child to have homework?    Yes    No

Will you sign a Homework Contract that says you will help make sure your child does their homework?

Yes    No

Child's Name \_\_\_\_\_ Room \_\_\_\_\_

Child's Name \_\_\_\_\_ Room \_\_\_\_\_

Parent / Caregiver's Name \_\_\_\_\_

*Please return this slip to your child's classroom teacher by Friday 19 May.*

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