



Giselle Marsh, **Principal**
Christopher Cowart, **Assistant Principal**
Jessica Fuesy, **Assistant Principal**

401 West Tharpe Street
Tallahassee, Florida 32303-5458
Telephone: (850) 488-6287/Fax: (850) 922-5835

Parent Observation Agreement

Student Name: _____

Parent Name (please print): _____

Contact Phone Number: _____

Date(s) you plan on attending: _____

Classes you plan on attending:

In a parent observation situation, the parent agrees to:

1. Stay only during the agreed upon time
2. Dress appropriately
3. Follow all school rules
4. Refrain from interference with the instructor or students
5. Bring only a packed lunch from home or plan to purchase a school lunch
6. Only the person listed above may observe (no family/friends/siblings etc.)

Parent Signature: _____

Time form was filled out: _____

Administrator Signature: _____

***Teachers must be notified 24 hours in advance of an observation.**