**WAKEFIELD HIGH SCHOOL**
*Tripp Crayton, Principal*

WAKE COUNTY
PUBLIC SCHOOL SYSTEM

2200 WAKEFIELD PINES DRIVE
RALEIGH, NORTH CAROLINA 27614
**PHONE:** 919.562-3600
**FAX:** 919.562-3623
SCHOOL WEBSITE: WWW.WAKEFIELDHS.NET

August 25, 2014

Dear Parents/Guardians:

I look forward to working with you and your son/daughter this semester. Having your son/daughter in our Career & Technical Education classes will provide him/her with the needs, interests, abilities, and aspirations to respond to actual or anticipated opportunities for employment, advanced education, and practical life application.

To be able to start the semester without any complications, I would like you to help me provide the best learning environment I can for your child. At your earliest convenience, please send me an email that gives me some insight as to how we can make your child have a successful semester in my class. If you do not have email, please feel free to send in a written response in a sealed envelope. Some suggestions of what you might include about your child:

- Any accommodations that your child routinely uses in class to help them be successful (please be sure to include if your child has an IEP or 504 Plan).
- Your child's ideal method for learning new material, as well as, their least successful method for learning new material.
- Subjects that have really sparked an interest in your child.
- Anything else you think will help me understand your child

Please note my email address. This seems to be the easiest means of contacting teachers in our ever-growing high school. I would appreciate having your email contact in exchange. Your email address will allow me to send you periodic updates for the class. Please feel free to email me at any time throughout the semester with concerns.

Please indicate that your child has shared the course syllabus with you by signing it as well as the bottom of this form and return to me by Friday, August 29, 2014.

Sincerely,


Mr. Timothy Walker

twalker2@wcpss.net


_____ _____ _____
Student Name (Print)                          Student Signature                                   Date


_____ _____ _____
Parent Name (Print)                           Parent Signature                                    Date


_____
Parent's Email Address