

SELKIRK DRAFTING

MS. BUDOWSKI

Class: _____ Semester: _____ Year: _____

Name: _____

Birthdate: _____

Phone Number: _____(c) _____(h)

Email Address: _____

Why Drafting? _____

Interest: _____

In your opinion, what makes a good teacher? _____

The below signature certifies that I _____ (*your name*) have reviewed and I understand the terms and consequences of the *Lord Selkirk School Division's* Acceptable Use Policy. Violation of this policy will result in a loss of privileges.

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