

**Mr. Cary Holman, Principal**

**Mr. Richard Reed, Assistant Principal**

**Ms. Tiffany Copeland, Assistant Principal**

**“Soaring With Purpose”**

382 Stones River Road

LaVergne, TN 37086

615.904.3877 phone

615.904.3878 fax

**Opportunity Lab Permission Form**

**Mission Statement:** The mission of LaVergne Middle School is to empower all students to achieve excellence in learning, social responsibility and self-worth and to improve in these each academic year.

**Ultimate Goal:** To see students perform best on their first attempt on any assignment, project, or assessment, when appropriate study techniques, practices, and efforts have been best utilized.

**Rationale:** Not all students will master the standards/skills the first time around. As a result, students must take ownership of their actions to reflect on practices and seek to complete review exercises before a second attempt (only once) is granted. This policy provides for additional time and support, parental involvement and student choice.

**Please Note:**

**Retake=Assessments Only/4 day window**

**Re-do=Failed Assignments/2 day window**

**Parent/Guardian Acknowledgement:**

I acknowledge that I have seen my child’s graded assignment/assessment. \_\_\_\_\_ (**initial**)

I am aware that my child did not perform well on the assignment/assessment. \_\_\_\_\_\_\_ (**initial**)

Student has completed two additional activities in preparation for the re-do/re-take assignment/assessment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Teacher Name-PRINT**)

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**My child has my permission to attend the morning/afternoon Opportunity Lab.**

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**Student Name Reserved “O Lab” Date**

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**Parent/Guardian Signature** **Date Parent Contact #**