MRS. VAN SCHAICK(SKOIK) & MRS. BOLOGNA 2018-2019

GEOMETRY LAB INTEGRATED ROOM 238

Welcome to the high school!☺ We hope you had a great summer and are now ready to work hard at Geometry this year! GOOD LUCK!!

**About this course**:

This course is designed to have you **critically think**. You will learn a lot of vocabulary, constructions, and proofs (amongst some other topics). You need to put forth effort in order to receive the best results. All quizzes and tests will reflect the level of difficulty that you will see on the New York State Regents Exam at the end of this school year.

**Assessments**:

Counts as 90% of your entire marking period average.

Please make up any missed assessments IMMEDIATELY!

**Homework**:

Counts as 10% of your entire marking period average.

Will be given nearly every night.

You must attempt the problems in order to receive credit for it.

Late homework is UNACCEPTABLE!!

**Materials:**

Loose-leaf Binder (large) and 13 dividers with tabs

Textbook – Geometry Big Ideas

TI-84 Plus Calculator (can be loaned out from the school store for the year)

Pens, Pencils (mechanical is best)

Big Eraser

Graph Paper

Index Cards

COMPASS

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We hope you enjoy this class as much as we enjoy teaching it. Please have your parents/guardians sign below. This will count as your first homework assignment.

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Good luck this year!

 Mrs. Van Schaick

 Mrs. Bologna

**Parents: Please sign the space above and also complete and return the information on the following page.**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians: Please provide us with all of your email addresses and phone numbers, so we can have open communication throughout the year.

Mother/Guardian:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father/Guardian:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any comments or concerns:

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