



Locker Guidelines/Procedures Form

2018-2019 School Year

Student Name _____

Homeroom Teacher _____

We have read the Locker Guidelines and Procedures and agree to comply. We agree to not hold Williams Secondary Montessori responsible for any losses and/or damages to personal belongings contained in school locker. We understand that any incident of misconduct, school/district violation will result in loss of locker privileges.

Print Name of Student

Signature

Date

Print Name of Parent/Guardian

Signature

Date

-----Completed by the Homeroom Teacher -----

Received

_____ Williams Secondary Montessori Locker Guidelines/Procedures

_____ CMS Student Locker Assignment

Assigned Locker # _____

Lock removed Yes / No