

GREAT BRAIN AGREEMENT

STUDENT - PARENT - TEACHER

AS A STUDENT AT WESTVALE ELEMENTARY, I AM VERY INTERESTED IN COMPLETING A **GREAT BRAIN ADVENTURE PROJECT**. I UNDERSTAND THAT I WILL HAVE TO WORK VERY HARD AND SPEND EXTRA TIME ON THIS PROJECT. I WILL ASK MY TEACHER FOR HELP AND WILL WORK WITH MY PARENTS TO COMPLETE THE PROJECT.

STUDENT'S SIGNATURE

DATE

I UNDERSTAND THAT MY CHILD WISHES TO COMPLETE A **GREAT BRAIN ADVENTURE PROJECT**. I AM WILLING TO WORK WITH MY CHILD AND HELP IN EVERY WAY POSSIBLE.

PARENT'S SIGNATURE

DATE

I UNDERSTAND THAT ONE OF MY STUDENTS WANTS TO COMPLETE A **GREAT BRAIN ADVENTURE PROJECT**. I AM WILLING TO ASSIST IN GETTING THE FINAL PRESENTATION SCHEDULED, GETTING A REVIEW COMPLETED AND ASSISTING ALONG THE WAY.

TEACHER'S SIGNATURE

DATE

(return this signed form to the Great Brain Adventure Coordinator)