**Most recent emergency contact information for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (print student name)

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What food allergies or health issues should I know about, considering we do a great deal of lab work with common objects and substances?

Does your child have any special needs, such as a seating preference?

Where does your child usually study?

What are your child’s strengths?

Please describe your child’s interests and talents:

What concerns do you have for your child’s success in Science this year?

Please describe your expectations of the class and me as the teacher:

What questions do you have about your child’s science class this year?

**Science Safety and Learning Contract**

*This contract must be signed by each student and a parent/guardian before participating in laboratory activities.*

I have read **Chemistry Safety Rules** and agree to abide by them. Specifically, I will:

• behave responsibly in the laboratory;

• follow all written and verbal instructions;

• protect my eyes, face, hands, and body while working in the laboratory;

• act in a manner that will ensure my classmates are not placed in danger;

• know the location of appropriate safety equipment; and

• practice good housekeeping procedures.

I also agree to abide by any additional safety regulations set forth by my teacher and/or the school district.

I understand that failure to abide by these rules endangers others and will result in my removal from the class.

 Signature of student date Signature of parent or guardian date

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 Signature of parent or guardian date

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**Course Learning Agreements**

I have read the ***attendance, make-up work, and grading policies and have filed a copy of the syllabus for reference***. I will be able provide a quiet area for my child to study at home. I understand that attendance is very important to my child’s success in school.

 Signature of student date Signature of parent or guardian date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent or guardian date

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**Cell​ ​Phone​ ​Usage​ ​Policy:​**

I have read the **Cell​ ​Phone​ ​Usage​ ​Policy:** in the Student Handbook and **Electronics Norms** on the Course Outline and agree to support these policies and norms in my child’s use of a cell phone.

 Signature of student date Signature of parent or guardian date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent or guardian date

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**Notebook Review**

I understand that my child is responsible for maintaining a binder containing notes and resources needed for success this year. I will be able to participate in a short, take-home review of my child’s work and notebook check as needed.

 Signature of student date Signature of parent or guardian date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent or guardian date