

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

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