

## Eau Gallie High School Science Department

Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone (H) \_\_\_\_\_

LAST

FIRST

Address \_\_\_\_\_

STREET

CITY

ZIP

Parent/Guardian \_\_\_\_\_ Phone (W) \_\_\_\_\_

Parent Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

### HEALTH

YES  NO Does the student wear contact lenses?

YES  NO Does the student have any health conditions, physical limitations or allergies?

Please specify: \_\_\_\_\_

### INTERNET

Yes, my child has internet access at home.  No, my child does NOT have internet access at home.

### GOGGLES

Eye protection meeting the state safety guidelines is mandatory for all students in a laboratory setting. Even though we sanitize the goggles between uses, we recommend each student purchase their own goggles for science labs (due to infectious disease and lice). These purchased goggles will be used by your child only this school year, all subsequent science classes at Eau Gallie High, and can even be used in college. The cost is \$5.00 each.

Yes, I would like to purchase goggles for my child.

No, I would prefer my child to use the classroom set provided by Eau Gallie High

### MOVIE PERMISSION SLIP

**PARENTS:** Occasionally a movie intended to reinforce scientific principles currently being studied in class may be shown. Rated R movies will **NOT** be shown. Your signature serves as permission for your child to watch the following PG-13 (or similar) science related movies during this school year: Apollo 13, The Day After Tomorrow, The Right Stuff, Super-Size Me, Gorillas in the Mist, Lorenzo's Oil, Contact, I-Robot, October Sky, and A Civil Action. Please contact me directly if you have any questions.

Yes, my child may view the PG-13 movies listed above.

NO, my child may **NOT** view the PG-13 movies listed above and will receive an alternate written assignment.

### SAFETY AGREEMENT

Laboratory activities are integral to the science curriculum. Student safety is our highest priority and is enhanced by awareness and caution. Please help us to assure a safe and positive learning experience by reviewing the laboratory safety rules with your child and directing any questions you may have concerning laboratory activities to the science teacher. Please refer to Edline for a copy of the safety rules that were reviewed in your child's science class.

I have read and understand all of the above statements and marked the appropriate boxes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date