Student Information Sheet

Name_____ Grade____ Phone _____
LAST FIRST

Address _____
STREET CITY ZIP

Parent/Guardian _____ Phone(W)_____

Parent Email_____ Cell Phone _____

Student Email _____

SAFETY AGREEMENT

I _____, have carefully read the Safety Rules. I am aware than any violation resulting in unsafe conduct in the laboratory or misbehavior on my part may result in being removed from the laboratory, a detention, receiving a failing grade, and/or dismissal from the course. I am responsible for any equipment that is damaged due to carelessness. I further understand that all school rules apply to labs and activities where conducted on or off campus to include: classroom facilities, laboratory facilities, computer classrooms, field studies or field trips.

Dear Parents:
Laboratory activities are integral to the science curriculum. Student safety in the science classroom is our highest priority and is enhanced by awareness and caution. We feel you should be informed regarding the school's effort to create and maintain a safe science environment. Your signature indicates that you have read the Safety Rules with your child and will instruct her/him to uphold the agreement and to follow these procedures.

Does the student wear contact lenses? _____

Does the student have any health conditions, physical limitations or allergies? _____ If so, please specify:
_____
_____

_____ _____
Student Signature **Date** **Parent/Guardian Signature** **Date**

MOVIE PERMISSION SLIP

PARENTS: While showing movies is not our primary focus, occasionally a PG-13 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 PG-13 science related movies during this school year. A sample (but not complete) list of possible movies are: Apollo 13, The Day After Tomorrow, The Right Stuff, Super-size Me, Gorillas in the Mist, Lorenzo's Oil, Contact, and A Civil Action. Please contact me directly if you have any questions.

☐ I prefer my child complete an alternate written assignment instead of viewing a PG-13 movie.

_____ _____
Student Signature **Date** **Parent/Guardian Signature** **Date**