

Student Name _____ Period _____

Science Permission & Information Slip..... to be turned in immediately

Video and audio rerecording and still photography will be used in this class. I give permission for my student to be photographed or recorded in conjunction with this class.

_____ YES _____ NO

Occasionally content appropriate commercially produced video is used in class. I give permission for my student to view video that is rated PG or PG-13.

_____ YES _____ NO

I give permission for my student to take short walking field trips within a six-block radius of the school site. I understand these will be under supervision of the teacher.

_____ YES _____ NO

COURSE DESCRIPTION & EXPECTATIONS

I HAVE READ THE COURSE INFORMATION & EXPECTATIONS HANDOUT, WHICH INCLUDES THE CLASSROOM DISCIPLINE PLAN, AND DISCUSSED IT WITH MY CHILD.

LAB SAFETY CONTRACT AGREEMENT

We have read and agree to follow all of the safety rules in the contract. *I realize that I must obey these rules for my safety and that of other students/teachers. I will cooperate with my teacher and other students to keep a safe lab environment. I will follow the oral and written directions given by the teacher. I understand that any violation of this safety contract that results in unsafe conduct in the lab, or misbehavior on my part, may result in being removed from the lab, detention, receiving a failing grade, dismissal from the course and/or further disciplinary action.* No student is permitted to do lab activities unless this contract is signed by both the student and parent/guardian. This will remain on file with the teacher, and the signed copy of the contract is to remain in the student's binder. Your signatures indicate that you have read Bret Harte's Student Lab Safety Contract, are aware of the measures taken to ensure the safety of your student in the science lab, and will instruct your student to uphold his/her agreement to follow these rules and procedures in the lab.

Student: Please answer each question about yourself

1. Do you wear contact lenses? ... YES NO

2. Are you color blind? YES NO

3. Do you have any allergies? YES NO

4. If yes to #3, list specific allergies: _____

Date _____ x _____ x _____
STUDENT SIGNATURE **PARENT/GUARDIAN SIGNATURE**

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Parent/ Guardian Name(s): _____

Mark the best way to reach you.

Daytime Telephone(s): _____, _____

Evening Telephone(s): _____, _____

E-mail(s): _____, _____

Language(s) spoken at home ... _____ Translator requested for conferences? _____

(optional) ADDITIONAL CONTACT INFORMATION Describe the best way(s) to reach the additional contact(s) with their name and relationship to the student. _____

Is there anything that I should know about your student? Comments/Concerns:

Welcome to Science! This is worth 10 points.
It is your first chance to do work towards an
“A” in Science! The back is for your
parents/guardians to fill out.

last name,

first name

subject,

room,

period°

date

Student Data Sheet

Please PRINT the information requested in each blank below.

Date of Birth: _____

Where were you born? _____

What is your favorite subject? _____

List 3 things you're good at:

1. _____

2. _____

3. _____

List 2 things you'd like to be better at:

1. _____

2. _____

List 1 thing you don't like:

1. _____

(optional: Last year, who was your (Science) teacher? _____)

What was your grade in Science last year? _____)

SCHEDULE

Period	Subject	Teacher	Room
1°			
2°			
3°			
4°			
5°			
6°			

What question(s) do you have? (could be about class, school, etc.)
