Agreement Sheet

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**Parents and Students–** Please keep this sheet and return the signed Agreement Sheet to me as soon as possible.

***Student Signature***

I, (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , have read the syllabus and understand the guidelines that I will be expected to follow. I have also read and understand each of the safety rules set forth in the student safety contract. I agree to follow them to ensure not only my own safety, but also the safety of others in the science classroom or laboratory. I also agree to follow the general rules of appropriate behavior for a classroom at all times to avoid accidents and to provide a safe learning environment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science lab activities.

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

***Parent Signature***

Dear Parent or Guardian:

Please be informed of the school’s effort to create and maintain a safe science classroom/laboratory environment. Please read the list of safety rules that is attached to this syllabus. No student will be permitted to perform science lab activities unless this signature sheet is signed by both the student and parent/guardian and is on file with the teacher. Your signature indicates that you have read the Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom. Your signature also indicates that you have read the syllabus and understand the guidelines that your child will be expected to follow.

I, (parent/guardian’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the syllabus and the laboratory safety contract that (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be expected to follow.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Questions:

Does your child wear contact lenses? Y or N Is your child color blind? Y or N Does your child have any allergies? Y or N If so, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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