DOCUMENTS RECEIPT/LAB SAFETY AGREEMENT

AP Physics

Dear Student,

It is necessary for you to receive, read and agree to follow all of the safety rules set forth in the following documents:

***AP Physics Syllabus***

***Science Department Grading Policies***

***Guidelines for Open Enrollment***

***Student Code of Conduct and Computer Acceptable Use Policy Agreement***

***General Safety Guidelines in the Laboratory***

***Advanced Placement Course Agreement***

Your signature below is your agreement to closely follow these guidelines, as well as oral and written instructions provided by the instructor. You are advised that any violation of this safety agreement that results in unsafe conduct in the laboratory or misbehavior on your part, may result in being removed from the laboratory and receiving a failing grade for that activity.

Dear Parent,

We feel that you should be informed regarding the school’s effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety program can eliminate, prevent, and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please review the documents mentioned above related to safety and classroom policies. No student will be permitted to perform laboratory activities unless this agreement is signed by both the student and parent and is on file with the instructor. Your signature on this agreement indicates that you have read the documents are aware of the measures taken to ensure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Additionally, these documents are located on my website to inform you of all classroom policies and expectations.

Student (please print):

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Period: \_\_\_\_\_

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

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