

LTHS Pre-AP BIOLOGY

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Please contact me by e-mail (preferably) or www.ibrunet.com ...click contact Mr. Brunet.

Please join us for OPEN HOUSE!

Date: September 14th, 2009



I have read the SYLLABUS & SAFETY CONTRACT for my Pre-AP Biology class and I am familiar with the requirements/expectations for the course (grading policy, prerequisites, scope and sequence, lab rules, etc.).

Student Signature: _____

Student's NEATLY Printed Name: _____

I have received and *read* a copy of the syllabus & safety contract for the Pre-AP Biology course my child is taking.

Parent/Guardian Signature: _____

Parent's Printed Name: _____

E-mail: Sign-up for newsletter (see EXTRA CREDIT below)!

Home Telephone: _____ Cell: _____

Work Telephone: _____

❖ EXTRA CREDIT HW PASS:

Please visit www.ibrunet.com, notice the plethora of wonderful features and resources. Now to receive a free HW pass PLEASE have parent(s) and student sign-up for Newsletters (bottom left on website). Once you have entered the database (ie. Signed-up for newsletters) your student will receive a FREE HW PASS.

Directions for Parent: In Name "box" write Student's: Last, First (your name-Mom or Dad)
Example: Brunet, Peter (Diann Brunet-Mom)

Directions for Student: In the Name "box" write Last, First
Example: Brunet, Peter

AGREEMENT

I, _____,
(student's name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.

Student Signature

Date

Dear Parent or Guardian:

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 instruction 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 read the list of safety rules above. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher.

Your signature on this contract indicates that you have read this Student Safety Contract, 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.

Parent/Guardian Signature

Date