



**Science Department
Lab Safety Agreement**

The Waukegan High School Science Department is committed to providing quality experiences for all students. Scientific inquiry requires students to ask good questions and actively investigate information, which might lead to answers. In the process of doing so, students will have the opportunity to learn techniques and use various equipment in the laboratory. We expect our students to use these techniques and equipment properly to ensure a safe environment for all students in the laboratory.

STUDENT SAFETY AGREEMENT:

I, _____ (student's name), understand that I must follow the safety rules provided to me in order to insure my own safety, as well as the safety of my fellow students and my instructor. I agree to follow these rules and to work hard to maintain a safe environment in the laboratory. I am aware that any unsafe conduct or misbehavior on my part in my science class will result in disciplinary consequences, which may include (but are not limited to) removal from the lab, loss of credit for the day's assignment, notification of parents/guardians and referral to House Principal.

_____ Date _____
Student Signature

NOTE TO PARENTS/GUARDIANS:

We feel it is important for you to be informed regarding the WHS Science Department's effort to create and maintain a safe learning environment for all students. We believe that with the cooperation of teachers, parents and students it is possible to provide high quality science instruction in a safe manner.

Before engaging in any laboratory work it is necessary for both you and your student to review the information provided concerning laboratory safety. Your signature below indicates that you have had the opportunity to become familiar with our safety guidelines. We ask for your help in emphasizing to your student the need for safe practices in a laboratory setting.

If you have any questions regarding the safety guidelines or the type of safety instruction that will be provided to your student, please feel free to contact your student's science teacher.

_____ Date _____
Parent/Guardian Signature

CLASSROOM PROCEDURES and EXPECTATIONS 2018-2019

PARENT & STUDENT CONFIRMATION SHEET

I have read and discussed with my child the class expectations, routines and procedures, discipline plan, and grading policy in Physics 9 of which my child is expected to abide.

Parent/Guardian: _____ Date: _____

Phone Number and/or email: _____

I have read and discussed with my parent/s the class expectations, routines and procedures, discipline plan, and grading policy in Physics 9 of which I am expected to abide.

Student's Name: _____ Date: _____

Period #: _____ Your Phone number: _____