
Students & Parents,

I am excited to lead you through your introductory chemistry course at CCHS. I am here today because of exceptional teachers throughout my K-12 and college experience. My ultimate goal for the class is to help you form an appreciation, if not passion, for chemistry while acquiring self-confidence in your scientific abilities. Never hesitate to ask me a question! I will stay after school for at least one hour on Tuesdays and Thursdays to help you achieve your goals for the course. During this time, you can redo certain assignments to ensure mastery and raise your grade. It is not my goal or intent to fail you or make the course seem impossible. My job is to ensure you're learning in a safe environment. My email address is andrew.johnson@chestercountyschools.org.

I ask that you fill out this form and return it to me by the date given to you the 1st day of class.

I have read the syllabus, and, as a student, agree to follow all rules and procedures. As a parent, I realize I am free to contact the teacher at any time and will not unsubscribe from Remind.

Student_____ **Chemistry Period**_____

Parent_____

Phone Number of Guardian_____

Email of Guardian_____

Students: for safety reasons in the lab, please list any medical conditions that may be relevant to your safety (i.e., allergies).

CCHS Lab Safety Contract for Science Classes

Section I - Lab Behavior

- A. The student will follow all directions as given by the teacher or outlined in the syllabus (see teacher's individual syllabus for further information).
- B. Student are prohibited from any behavior that would result in injury to themselves or others.
- C. All behavior that is dangerous, disruptive, or problematic will be dealt with in an individual basis.
- D. Improper behavior or lack of lab preparation may result in removal from all further lab activities for a specified period of time and / or a substituted grades assignment.
- E. All injuries are to be reported to the instructor **IMMEDIATELY!**

"I the student/parent have read and understand all of the procedures and rules mentioned above and are aware of the consequences (as outlined by the teacher and depending on the severity) that are likely to occur if I do not follow all of the procedures and rules."

Student Signature & Date: _____

Parent Signature & Date: _____

Section II - Equipment

- A. Students are not to remove any equipment from the laboratory.
- B. All substances used within the lab are only to be used in the manner prescribed by the teacher (i.e. never to be eaten, huffed, inserted into the body, etc).
- C. All broken or damaged equipment is to be reported to the teacher immediately.
- D. Allergies / conditions that the student may need to make known within the lab so that provision will be made to prevent problems.

Please list any known allergies/conditions below (i.e. peanuts, iodine, etc):

"I the student/parent am aware of the fact that the student may use any combinations of the following in a lab session: fire, chemicals, heat, glassware, sharp dissecting tools, food materials, electrical devices, and other potentially dangerous materials. I UNDERSTAND THAT STUDENT SAFETY IS COMPROMISED IF THE STUDENT DOES NOT FOLLOW ALL RULES, REGULATIONS, AND PROCEDURES WITHIN THE LAB. I understand that the student must follow all directions given in the syllabus or by the teacher as a safety concern to themselves and others in the lab area."

Student Signature & Date: _____

Parent Signature & Date: _____