

LAST NAME
FIRST NAME

←
(please print)

Book # _____

Academic Contract:

- I understand that chemistry requires much practice, focus, and study.
- I understand that I may have to get supplemental help to overcome any difficulties I may encounter.
- I am willing to do the academic work required to succeed in chemistry.
- I understand that the science dept. has a "zero tolerance" policy on cheating.
- I understand that when I do the right thing, my quiz grades should be consistent* with my homework grades. *(see "working with others" on syllabus for more info)
- I understand that Mr. Anderson is available to help students with homework before & after school.
- **I understand that if I miss a quiz, I should contact Mr. Anderson to avoid a more challenging make-up quiz.**
- I understand that phones are not allowed out during class time, and will result in a detention if used during class. Having a phone out during a quiz will result in a "zero" for that quiz.

Safety Contract:

- I understand the following safety rules, and will follow them, all the time, while in the laboratory:
 - no unauthorized or unsupervised experimenting allowed
 - no horseplay or teasing is allowed
 - wear safety goggles when instructed to
- I understand that any violation of these rules can result in one or more of the following: a "zero" for the lab, contact of parents, or contact of administration

→ Student Signature: _____ Date: _____

→ Parent Signature: _____ Date: _____

Student Information:

Last Year's Science Teacher(s): _____

What is your quest? _____

What is your favorite color? _____

What is the air speed velocity of an unladen swallow? _____

Anything special you'd like me to know about you? Anything I can do to help you have success?



Food Safety Protocol for Students

Classroom Form

Student Name: _____

Student Number: _____

School: Parkway West High School

Course: Any level of Chemistry

Teachers: Mr. Anderson, Mrs. Keller, Ms. Privitt, and Mrs. Tarpey

Parkway has adopted a new Food Safety Protocol. To ensure the safety of all students:

- **Classrooms should be food-free whenever possible.**
- **No food will be brought from home for sharing class-wide.**
- **Avoid use of food in the curriculum.**

The content of this course calls for the use of food or food like products during the school year. Your student may come into contact with food products that contain known allergens. Items may be used for classroom demonstration by the teacher or used by all students in the class. In all cases, the food or food like products are necessary to carry out the guaranteed Parkway curriculum and associated lessons. In some cases, students will be offered the opportunity to consume the items. **Students are NOT REQUIRED to participate in these labs, and can opt-out without penalty & participate in a non-food variation of these labs.**

In this course we may use (this may not be an inclusive list but will notify students and parents prior to any classroom experience that involves food):

- | | |
|---------------------------------|----------------|
| • Nuts | • Chocolate |
| • Kool-aid | • Eggs |
| • Sugar | • Gelatin |
| • Milk and other dairy products | • Marshmallows |
| • Vanilla | • Skittles |
| • Graham crackers | |

Do you have specific concerns?

I give permission for my child to participate in food use during this class, noting the concerns above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____