



## Science Class & Safety Contract

**Mrs. Johnson**  
**Burlingame High School**



I, \_\_\_\_\_, have read and understand the course guidelines, lab report procedures and the safety rules for Biology class and agree to the following:

- I am responsible for my own safe conduct in the Biology laboratory, understanding that my safe conduct creates a safer working environment for my colleagues.
- I will listen carefully at the beginning of the laboratory for additional safety precautions described by the teacher.
- I will wear eye protection during all laboratory activities.
- I will not engage in unsafe behavior in class.
- I understand that my grade may be lowered and/or I may be suspended from class for safety infractions, or other violations of the behavior guidelines stated in the course description.

Print Student Name \_\_\_\_\_ Period \_\_\_\_\_

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

I, the parent/guardian of the above individual have read and understand the course description, guidelines lab report procedures and the safety rules.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I am looking forward to a fun and challenging year together! If you have any comments or unanswered questions, please write them on the back of this sheet or send e-mail to [hjohnson@smuhd.org](mailto:hjohnson@smuhd.org)

The Science Department requests that each student pay a materials fee of \$15.00, which helps our department provide materials which are individually consumed by each student in the course of year. Without these supplementary funds, the science program would not be able to provide the same learning opportunities that are currently offered.

----- (teacher will return unofficial receipt) -----

| <b>Receipt for Science Materials Fee</b>   |                             |
|--|-----------------------------|
| <b>Course Title:</b> _____   |                             |
| <b>Name of Student</b> _____   |                             |
| <b>Signature</b> _____   | <b>Date</b> _____           |
| <b>Teacher Signature</b> _____   | <b>Amount Paid: \$15.00</b> |
| <p>(Checks only, made out to BHS with "Science Dept." written in memo area.<br/>Cancelled check is your official receipt.)</p> |                             |