



CCISD Secondary School Science Safety Agreement
SAFETY IS A PRIORITY IN ALL ACTIVITIES!!!

Students will be removed from the science activity and may receive a “zero” for the lab activity if:

- a. Their personal appearance or dress is such that they can cause injury to themselves or other students.
- b. They are behaving in such a manner that they can cause injury to themselves or to other students.
- c. They are not following the prescribed safety rules for the science activity area or the particular science activity being conducted.
- d. They are going beyond the limits of the science activity into areas that may lead to an unsafe situation.
- e. They have not completed the pre-experiment activities that will allow them to work safely in the laboratory situation

I, _____ have read all of the rules including those attached. I understand
Student Name
each rule. If I did not understand any of the rules, I had my teacher explain them to me. I will keep a set of rules in my notebook for reference and easy access.

I, _____ have read all of the rules. I have discussed these rules with my
Parent or Guardian
child and feel that my child understands their meaning and the consequences for removal from class. I would like to inform the school that my child has the following physical or medical situations that could affect their learning in science class (for example: specific allergies, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Home Phone Number

Daytime Phone Number

Cell/Other Phone Number

PARENT/GUARDIAN SIGNATURE

DATE

Date Received: _____

Teacher Signature: _____