## E.C.I.S.D. Middle School Science Safety Test and Contract

Answer Document for			
<b>Date:</b>	(doc	rument will stay on file for one year) Grade:	
		AGREEMENT:	
1	11	I, have read the E.C.I.S.D. science safety rules with my teacher and understand each of the rules in this contract. I agree to follow these rules to insure not only my safety but the safety of others in the science room. My teacher has	
2	12	verbally instructed me in lab and field safety and emergency techniques needed for maintaining safety in my science class. I understand the safety of others depends upon me having responsible behavior in the science room.	
3	13	With this in mind, I will closely follow the oral and written instructions provided by my teacher and the district administration.	
4	_ 14	I also understand I must make a grade of 90% or better on the district safety test to be allowed to participate in labs.  I understand that violation of any of these safety rules will result in my immediate removal and suspension of lab privileges for a period of	
5	15	time deemed appropriate by my science teacher.	
6	16	(student signature)  Dear Parent/Guardian,	
7	_ 17	E.C.I.S.D. feels you should be informed of our efforts to create and maintain a safe learning environment for your child.  Your child has been given instructions on proper safety behavior in a	
8	18	science lab room. Your child's results on the district safety test are recorded as part of this document. No child will be allowed to participate in science lab activities unless they have made a 90 or better	
9	_ 19	on the district middle school science safety test and unless this contract has been signed by your child and you.  Your signature on this contract indicates you have read the contract, reviewed it with your child, and are aware of the measures E.C.I.S.D.	
10	_ 20	has taken to ensure the safety of your child in the science lab room.	
		(parent signature)	
		Date	