Chemistry Classroom Expectations

Sault Area High School, 2021-2022 School Year

I have read and understood Mr. Wicks' classroom expectations on the course syllabus, and I agree to follow them throughout this course. I understand that failure to "live up" to these expectations may result in one or more of the following actions:

- A verbal warning.
- Grade reduction.
- Detention before or after school with the teacher.
- Phone calls home to a parent or guardian.
- Referral to the Assistant Principal for disciplinary action.

| Student Name (print clearly): | |
|---|---|
| Student Signature: | Date: |
| After you have read and signed this agreement, | return it to Mr. Wicks. |
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| | School, 2021-2022 School Year |
| I have read Mr. Wicks' Lab Safety and Housekee understand that violation of lab safety rules may | eping Rules, and I agree to follow them throughout this course. I result in one or more of the following actions: |
| A verbal warning.Grade reduction. | |
| • Detention before or after school with the teach | cher. |
| Phone calls home to a parent or guardian.Referral to the Assistant Principal for discipl | inary action |
| | y own safety or the safety of my classmates, I understand that I |
| Student Name (print clearly): | |
| Student Signature: | Date: |

After you have read and signed this agreement, return it to Mr. Wicks. Your signature is required in order for you to perform laboratories this school year.

Student and Parent/Guardian Acknowledge They Have Read the Chemistry Syllabus

Sault Area High School, 2021-2022 School Year

I have read the Chemistry course syllabus, and I have had an opportunity to ask questions about the course. (A copy of the Chemistry course syllabus will be available online at www.saultschools.org/Page/6219 throughout the school year.) I understand that this science course has two major goals: (1) To prepare students to take higher level high school science courses and (2) to fulfill a Michigan high school graduation requirement.

| Parent/Guardian Signature: | Date: | |
|------------------------------|-----------|--|
| Student Name (Please Print): | | |
| Student Signature: | Date: | |
| | | |

After you and your parent (or guardian) have read and signed this agreement, return it to Mr. Wicks.