

Century Middle School Lab Safety and Student Expectations Contract

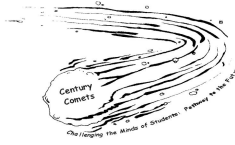
Lab Safety

1. _____ I will not misbehave in the laboratory or play with the lab equipment or materials. I will not engage in behavior that is disruptive, dangerous, or that interferes with another student's *right to learn*.
2. _____ I will protect my eyes, face, and hands while engaging in lab activities by wearing safety goggles and, when needed, gloves or other protective gear.
3. _____ I will work only at my assigned station.
4. _____ I will follow all written and oral instructions. I will wait until I receive my teacher's permission to begin lab activity.
5. _____ I will not carry out unassigned lab experiments without my teachers' permission
6. _____ I will not eat, drink, or taste anything in the lab. This includes food or drink, as well as chemicals.
7. _____ I will wash my hands thoroughly after using chemicals and lab equipment. When using chemicals, I will not touch my mouth, lips, or eyes until after I have washed my hands.
8. _____ I will report accidents or any injury immediately.
9. _____ I understand that failure to comply with these safety guidelines may result in my being *removed from class* and that I will lose credit for the work that is done during my absence.

Student Expectations

It is expected that each student will do the following:

- Arrive to class on time and prepared to learn
- Bring all necessary materials
- Complete all assignments in the manner expected
- Consistently use his/her agenda to keep track of assignment
- Be responsible for getting and completing assignments following an absence
- Ask for help when needed
- Keep parents, teacher, counselors, and administrators informed when concerns or problems arise
- Take pride in all work and always put forth his/her best effort



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Acknowledgment of Receipt Form

I have read this safety contract and understand the Student Expectations and what is expected of me during science laboratory activities.

_____ **Student Name (Please print)**

_____ **Student Signature**

I have read this safety contract and understand what is expected of my child during science laboratory activities.

_____ **Parent/Guardian Signature**

_____ **Date**

Parents/Guardians,

Please share your preferred contact information before signing and returning this form to the classroom teacher.

My preference for contact is:

By Email

By Phone

_____ **Parent/Guardian E-mail Address(s)**

or

_____ **Phone Number(s)**

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or

_____ **Phone Number(s)**