

AP Biology Expectations/Lab Safety Contract

AP Biology Expectation: I, _____ (student's name), have gone to carlmountapbio.com and read and agree to follow all of course expectations and guidelines set forth in the **AP Biology Syllabus/Expectations** packet. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of these guidelines that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, losing participation points, receiving a failing grade, and/or dismissal from the course. I also have read and reviewed the grading policy for AP Biology and understand what is expected of me in order to succeed in this course. I understand that this course is very rigorous and I will need to put in the time to study to do well. I also realize it is my responsibility to check the calendar and plan my schedule so that I can meet all due dates for graded assignments.

Lab Safety Contract: I, _____ (student's name) have gone to carlmountapbio.com and read and agree to follow all of the safety guidelines set forth in this contract. I realize that I must obey these guidelines to insure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, losing participation points and/or dismissal from the course.

All AP labs MUST be completed. It is the student's responsibility to complete the lab within one week of an absence and follow up on the assignment if it is unclear.

Student Name: _____ Period: _____

Student Signature: _____ Date: _____

Email: _____ @ _____

Parents:

Your signature on this contract indicates that you have read the **AP Biology Syllabus** and **Lab Safety Guidelines** and are aware of the measures taken to insure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory. Your signature also indicates that you understand the grading policy and procedures that will take place in this course.

Parent/Guardian Name: _____

Signature of Parent/Guardian _____ Date: _____

Email: _____ @ _____