North Pocono High School
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John R. Croom III, Ed.D
Physics Teacher
https://www.croomphysics.com/

Information Sheet

Name(Student) (First, Last,Preferred) _____

Contact Name (First, Last, Relationship) _____

Contact Phone Number_____

Contact e-mail address(parent)_____

Contact e-mail address(student)_____

- Questions
    1. Are you color blind?
        - ___ Yes ____No
    2.
    3. Do you have an after school job?
        - ____Yes ____No
        - How many hours per week?_____
        -
- Record of Home Contact

Date	Person	Medium

- Do not write in this box

Procedures and Rules Acknowledgment

I, _____ (student's name) have read and agree to follow all the, policies, procedures, classroom rules, and lab safety rules set forth in the class syllabus found on my courses procedures page on www.croomphysics.com. If I have a question about any portion of the syllabus, I will ask my teacher for clarification. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructor. I will fully cooperate with my instructor and fellow students to maintain a safe classroom and 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 conditions in the laboratory, or misbehavior on my part, may result in being removed from the laboratory, receiving a detention, receiving a failing grade, and/or dismissal from the course.

_____ _____ _____
Parent/Guardian Name (print) Signature Date

Dear Parent or Guardian,
We feel that you should be informed regarding the school's effort to create and maintain a safe science classroom and laboratory environment. With the cooperation of the instructor, parents/guardians, and student, possible hazards can be corrected and prevented. You should be aware of all the policies, procedures, classroom rules, and lab safety rules your student will receive before engaging in class and laboratory work. Please read the list of these policies, procedures, classroom rules, and lab safety rules which are set forth in the class syllabus found on the Procedures page on www.croomphysics.com. If you have any questions, please feel free to contact your student's teacher. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and the parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this syllabus and are aware of the measures taken to ensure the safety of your student in the science class and laboratory as well as the grading procedure and the student's responsibilities for the course. It is also expected that you will instruct your student to uphold their agreement to follow these rules and procedures in the class and laboratory.

_____ _____ _____
Parent/Guardian Name (print) Signature Date

Please return the signature sheet to Dr. Croom in Room 104