

UPPER MORELAND MIDDLE SCHOOL

STUDENT'S AND PARENTS'/GUARDIANS' SIGNATURE PAGE 2018-2019

Please complete and return this form to the homeroom teacher by the end of the first full week of school.

1. The Student Code of Conduct has been made available to me via the internet at www.umtsd.org/Codes or, upon my request, by hard copy. I have read or have had the opportunity to read, the Code of Conduct of the Upper Moreland School District. I understand the necessity and importance of following the disciplinary guidelines and procedures as described in this booklet. I understand that violation of these rules may result in disciplinary action, which may include suspension and/or expulsion depending on the seriousness of the offense.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

2. The Student Code of Conduct has been made available to me via the internet at www.umtsd.org/Codes or, upon my request, by hard copy. I have read or have had the opportunity to read, and I will observe the Upper Moreland School District's Acceptable Use of Technology Policy(#815) and the Electronic Devices Policy(#235.1). I understand that violation of these rules may result in disciplinary action, which may include suspension, expulsion, and/or removal of my computer network privileges. I understand that, if I do not sign this, I will not be permitted to use the district's computer facilities.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

3. I have read or have had the opportunity to read Alternatives to Dissection.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

4. I have received and read the UM Middle School Student and Family Handbook.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

5. I have read and agree to abide by the rules set forth in the Athletic Code and Activity Code.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

6. I have read, have had the opportunity to read the Student Science Safety Code of Conduct. I have read and agree to follow all of the safety rules set forth in the Code of Conduct. I realize that I must obey the rules outlined in this book to ensure my own safety, and that of my fellow students and teachers. I will cooperate to the fullest extent with my teacher and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the teacher. I am aware that any violation of these science safety rules may result in my being removed from the laboratory, receiving detention, and/or receiving a failing grade, and/or dismissal from the course. 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 in your building. The Science teacher will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

STUDENT INITIALS _____ PARENT/GUARDIAN INITIALS _____

STUDENT NAME (PLEASE PRINT) _____

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

EMAIL _____

DATE _____

SCIENCE SAFETY QUESTIONS

Does your child wear contact lenses? _____

Is your child color blind? _____

Does your child have allergies? _____

If so, list specific allergies: _____