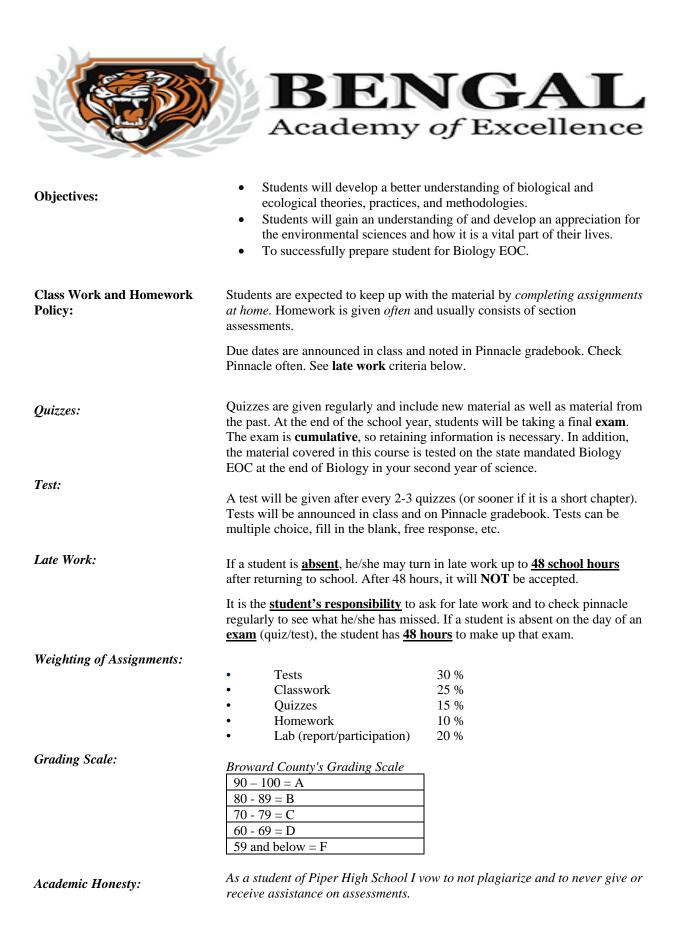






<u>COURSE SYLLABUS</u> "The Year of the Classroom"

Instructor's Name:	Ms. Miriam Garcia or Mrs. Scavone		
Course Title:	Environmental Science		
Course Location:	Piper High School, P 236		
Contact Information:	Feel free to contact me for any reason.Phone: 754-322-1700ext. 3147Email: miriam.garcia@browardschools.com		
Availability:	Best method to reach me is email , I check it regularly. <i>Please include the student's name on the subject line</i> .		
Course Materials:	 Best time to reach me by phone is before or after school. Folder to store graded work. Graph paper. 1 perforated college spiral notebook for warm ups & labs. Either a binder with loose leaf or another perforated college notebook (can be up to a 3 subject notebook, whatever is easiest for you) (to be used daily). Blue or black ink pens (color optional). #2 Mechanical Pencils for assessments & labs. Colored pencils 		
Electronic Resources:	Pinnacle Gradebook : It is recommended that you (student and parent) check Pinnacle regularly for attendance and grades.		





Attendance:

All students will follow the guidelines set forth by Broward County Public Schools, the Code of Student Conduct Handbook, and Piper's attendance policy.

Cell Phones:

Prior to the start of class, students must turn their cell phones <u>OFF</u> & put them away to avoid unnecessary classroom disruptions.

Cell phones and unapproved electronic devices are not permitted in class. Violation of these rules will result in confiscation of electronic devices/phones, detention, and/or referrals.

Parents will have to pick up devices.





LAB CONTRACT

Refer to the syllabus throughout the year. Syllabus is subject to change.

This page must be signed by BOTH students and parents and submitted to your SCIENCE teacher by the first week of school.

Go to piper.browardschools.com or browardschools.instructure.com for the complete syllabus.

Student	Name
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Student ID #	Period
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Science Syllabus Confirmation Page

I _______(CLEARLY print student name) have read through and discussed this course syllabus with my teacher in class. I understand what exactly is expected of me in this class and what my responsibilities are for this semester. I know and understand what the academic policies and procedures that I am to follow are. I am aware of and understand how I am going to be evaluated and assessed in this course and how my final grade will be calculated. I am aware of and understand that tardiness is not tolerated and can negatively affect my class grade. I know that if I need extra help or have concerns I should speak with my teacher as soon as possible. *I have reviewed any additional resources given to me by my teacher.

Student Signature:	Date:
Parent Signature:	Date:
How can we contact you? Please write below:	
Student Email Address:	
	_@
Parent Email Address:	
	_@
Parent Phone Number:	





Safety in Science

Student Laboratory Contract I have been instructed in the necessary safety procedures required in this course. I agree to abide by the following guidelines:

1. Safety apparel will be worn when specified by the instructor.

2. Long or loose hair will be tied back. Excessively loose clothing or jewelry will not be worn.

3. All safety rules and regulations will be followed.

4. There will be no drinking or eating in the laboratory.

5. Experiments will be done in the specified order with the prescribed quantities of chemicals.

6. Only the chemicals specified by the teacher will be used. No unauthorized experimentation will be done.

7. The proper use of safety equipment and correct evacuation procedures will be followed.

8. Wash hands thoroughly before beginning and after completing an experiment.

9. Contact lenses will not be worn during specified experiments.

10. Horseplay or other inappropriate behavior will not be tolerated during laboratory experiments.

11. Never taste chemicals or smell them directly.

12. Never pick up broken glass with bare hands.

13. Report all accidents, no matter how minor, to the teacher.

14. Never work without teacher supervision in the lab.

15. Do not remove any chemicals or equipment from the lab without the teacher's permission.

Failure to follow these guidelines may result in reduction in grade, disciplinary action, and/or exclusion from laboratory activities.

Student Name	Student Signat	ure Date				
Parent Name	Parent Signatu	re Date				
Emergency Contact Information:						
Does student have any allergies? Y	les No					
If Yes, please list:						
Mother/	Guardian	Father/Guardian				
Name:						
Cell/Work #:						
Email:						

