

Dear Parent,

I am your teenager's Biology teacher this semester. This semester is going to be a very exciting time and I have great expectations for my Biology classes. I expect each student to leave Biology with a better understanding of the environment and the technology in the world around them. Biology is an active laboratory class in which every student can succeed; I hope this will be the class that your child looks forward to each day.

Hickory High School is very fortunate to have the technical equipment to teach laboratory courses like Biology. Your teenager will be participating in many hands-on activities that will be an important part of his/her learning. Please encourage your child to be at school every possible day. Laboratories are required; research says students remember as much as ninety percent of the information when they use hands-on activities to learn new concepts. Missed work must be made up. Each student will learn to use the scientific method effectively; I hope you see your child's self-confidence in problem solving grow from our laboratory work this semester.

Your influence and attitude toward your son/daughter's education can make a great difference in this class. I hope you will check with your son/daughter daily about assignments, homework, projects, labs, and necessary materials for the class.

Please take time to follow the instructions on the back of this letter and look over the classroom information. If you have any questions or concerns, you may reach me at school by calling (828) 322-5860. Thank you for allowing me to be a part of your teenager's life. I look forward to working with you this semester and hope to hear from you soon.

Sincerely,

Nancy O. Osborne

Parent information form and check list.

1. Parent/Guardian Information

Name: _____

Home Phone: _____

Cell Phone: _____

Parent Email: _____

2. Review Safety Contract with son/daughter. Sign and date.

3. Review Course Document with son/daughter.

I have read and agree to abide by the classroom policies and safety contract set forth above and also any additional printed or verbal instructions provided by the teacher and/or school district.

Student Signature: _____ Date: _____

My student and I have reviewed the material and are aware of the classroom policies and consequences that could result from failure to follow these instructions. I am aware that if my student does not follow the safety contract they will be removed from lab activities.

Guardian Signature: _____ Date: _____

PLEASE RETURN THIS SHEET TO ME AS SOON AS POSSIBLE!

Things students should return to school by Wednesday, September, 5, 2016:

1. This page! (with student/parent signatures)
2. Safety Contract (with signatures and additional information)
3. Student Information Sheet