



Please complete this Contact Sheet and return it to Mr. Eberly by the first day of the course with the signed Safety Contract.

Applied Science

I will commit to attending in-person when scheduled to do so.

I will also do my part to make learning go smoothly in class and notify Mr. Eberly if I have any questions or concerns.

Student's Name _____ Student's Signature _____

Date _____

Parent/Guardian's Name _____ Signature _____

Parent/Guardian's Phone # _____ e-mail _____

Date _____

Best time to contact Parent/Guardian:

Day of the week (circle one) M T W Th F Time of day: _____

Student allergies, medications, and other conditions: Please list any student allergies / conditions for which the teacher needs to be aware.

Please note any questions you have about the course:

Please tell me anything of interest you would like for me to know that might help me better help you or your student:
