



The SEED School of Maryland  
**ANATOMY & PHYSIOLOGY LEARNING CONTRACT**  
**SPRING SEMESTER 2020**

I, \_\_\_\_\_ hereby agree to follow the rules and procedures of my **Anatomy & Physiology** class. In this class, I will also meet and exceed the following five expectations:

1. Abide by the school rules and policies.
2. Respect myself, other people and property at all times. Refrain from using profanity.
3. Remain seated, quiet or meaningfully involved during instruction.
4. Follow directions at all times.
5. Complete all assignments and homework promptly.

I know that if I have any problems, questions or concerns, I can call **Dr. Legaspi** at **(410) 843-9477** Extension **720**. By signing below, I also agree to do my best to excel in all of the above areas for the entire school year.

\_\_\_\_\_  
Student's signature and Date

\_\_\_\_\_  
Noted by Parent/Guardian: (Parent's signature)

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**PARENT SURVEY**

**A & P**

**Primary Guardian residing at the student's address:**

Father /Mother/Step/Other Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address (No PO Box) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Secondary Guardian residing at the student's address:**

Father /Mother/Step/Other Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address (No PO Box) \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent NOT residing at the above address:** Extra Mailings: Yes No E-mail address: \_\_\_\_\_

Father/Mother Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Student(s) live(s) with: Both parents Mother Father Stepparent Guardian Other \_\_\_\_\_

**Emergency Contact Information:**

Name of physician to call in case of emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Person(s) **other than physician** to call in case of illness or emergency **if unable to reach parent:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Please list any health conditions your child has that the teacher should know about:**

\_\_\_\_\_

**Does your child have any allergies or sensitivities?** Yes No If yes, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

**List any physical or emotional health information that impacts your child's learning & development:**

\_\_\_\_\_

\_\_\_\_\_

**Has your child ever been recommended for behavioral or academic testing?**

No Yes If yes, please explain: \_\_\_\_\_

**What are your child's educational strengths:** \_\_\_\_\_

\_\_\_\_\_

**What are your child's educational weaknesses:** \_\_\_\_\_

\_\_\_\_\_

**Please list any other factors (previous issues, special interests/talents, etc.) that your child's teacher should know of which might affect the student's school experience** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date