The SEED School of Maryland
BIOLOGY LEARNING CONTRACT
School Year 2019 - 2020

I, _____ hereby agree to follow the rules and procedures of my 10th grade BIOLOGY 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)

PARENT SURVEY   Biology

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: _____

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 _____

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