

COURSE TITLE: Biology/Biology Honors

Dear Parents, Guardians, and Students,

Please sign this form as an indication that you have read and understand the Course Expectations and Safety Rules.

I HAVE READ AND UNDERSTAND THE ONLINE COURSE EXPECTATIONS, MR FRANCO'S EXPECTATION ADDENDUM, AND THE PALO VERDE LAB SAFETY RULES ON MY TEACHER'S WEBSITE.

Print Last Name: _____ First Name: _____ Period _____

Student Signature: _____ Date _____

Print Parent/Guardian Last Name: _____ First Name: _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Contact information:

Email address: _____

Phone Numbers: Cell _____

Home _____

Work _____