

Student Info and Parent Contact

Student Name (*please print*): _____

Preferred First Name (*please print*): _____

Do you have internet access at home?

Do you use a wireless smartphone/tablet type device at school?

To the Student: Is there anything that we should know that will help you to be successful in physics?

To the Parent/Guardian: Is there anything you feel we should know that will help your child have a successful experience in physics? (Please include any health specific issues that may preclude certain laboratory activities.)

Parent/Guardian Contact Information: *Please Print Clearly - especially the email address*

	Parent 1	Parent 2
Name		
E-mail address:		
Best contact phone/time		
Alternate contact phone/time		

Please complete the contact form online at: theteterszone.net/wp/syllabus and read through the syllabus. Most answers to the typical questions students and parents have can be found in the syllabus. If you still have questions or concerns about anything, we ask that you please contact your teacher as soon as possible.

Receipt of Course Syllabus and online content Please sign below to acknowledge that you have accessed and read the On-level Physics Course Syllabus and completed this contact form online as well

Student _____ Parent/Guardian _____