

S.D. O'Connor High School Agriculture Mechanics

**NORTHSIDE INDEPENDENT SCHOOL DISTRICT
School Safety Information
Parent/Guardian and Student**

Campus _____ Teacher _____

Program _____

Dear Parent or Guardian:

Your Child is enrolled in the educational program identified above and will have the opportunity to participate in supervised class activities that involve the use and operation of various tools and equipment. These machines are equipped with safety devices, and their operation will be in compliance with the strictest safety codes.

Appropriate instruction in the safe operation of assigned tools, equipment, and procedures will be given that will include supervised student performance testing on each item. Precautions are taken to prevent accidents but a certain risk is involved due to the nature of the experience and the learning environment.

Proper eye protection is required by state law. We ask your support in discussing with your child the necessity to observe safety policies that have been established. You are invited to visit our school programs to discuss any of the course requirements. Please contact the teacher to arrange for a visit.

Thank you for your assistance.

I have read this communication and understand the type of program in which my child is enrolled. I have discussed the safety aspects of the program with my child.

Signature _____ (Parent or Guardian Signature) _____ (Date)

Phone Numbers _____ (Home) _____ (Cell)

I agree to observe all safety rules and procedures for the safe operation and conduct in this course. I will wear approved eye protection in accordance with state law. If at any time I conduct myself in an unsafe fashion, I can be restricted from any or all laboratory privileges.

Signature _____ (Student Signature) _____ (Date)