

GATEWAY *to* COLLEGE

A Second Chance for Students to Finish High School

Application Packet

"I am thankful every day that I decided to join Gateway. I will never forget the experience I have had there. I would recommend Gateway to anyone who wants to improve their lives, has the will to work hard, and become successful."

Thank you for your interest in joining Gateway to College! Gateway to College (GtC) is a high school program offered at Saint Paul College. GtC is specifically for youth ages 16-20 who are behind in high school credits and not currently on track for graduation, or who have already dropped out of high school and wish to return. ***This program is open to any eligible Minnesota high school student – not only students from the Saint Paul district!**

GtC is a unique program with a unique structure, and is meant for students who have the desire and motivation to graduate from high school, and go on to college.

STEP 1: Please read and reflect on all of the following information.

Are you a good fit for GtC? Ask yourself these questions:

- Are you behind in high school credits, but still want to graduate, even if it means graduating a little late?
- Is going to college something that is important to you?
- Are you willing to attend every day, and put in the hard work/effort required to meet your goals?

If you answered YES to all of those questions, GtC might be a good fit for you!

****We hold regular Information Sessions, for students and parents/guardians who would like to hear more about GtC and how it works. Please call 651-403-4222 or email gatewaytocollege@spps.org for more information!**

We look forward to hearing from you soon!

Gateway to College: Frequently Asked Questions

Q: Can I be successful in GtC, even if I did not experience success at my old high school?

A: The answer is YES....if you are committed to perfect attendance, hard work, and acting with integrity. GtC gives our students the opportunity to earn high school credit and transition into college courses in a supportive, close-knit, and caring community. To that end, we have high expectations for attendance, effort, and respect.

Q: How much will Gateway to College cost me?

A: Participating in this program is FREE, and includes many special perks. GtC works to remove barriers to students' academic success by providing:

- Breakfast and Lunch daily
- An unlimited Metro Transit bus pass or Saint Paul College parking card
- Tuition for college credits at Saint Paul College
- Textbooks
- An iPad to use for school work both on and off campus
- Additional support, such as computer lab access, tutoring, academic advising, and a close-knit community/cohort feel.

Q: How long will it take me to finish my high school diploma?

A: Each GtC student is on a different timeline and has different high school requirements left to fulfill. Generally, it will take 2-3 years to complete the diploma, but the special thing about GtC is that there will be college credits built into your individual plan...so you'll already be well on the path to a college degree when you earn your high school diploma!

***It is important to note that Gateway to College is not designed to be a speedy credit recovery program, and the purpose of the program is not to graduate "on time".**

Q: What are some tips on how to be a successful student in GtC?

A: We select our students very carefully, and we see a lot of potential in them! Therefore, we maintain high expectations of all GtC participants, including:

- Perfect attendance all day, every day
- Be on time to every class
- Be prepared for every class, with required materials in hand
- Complete all assignments and homework on time
- Maintain close communication with your teachers to stay on top of progress
- Conduct yourself with integrity at all times, showing maturity and respect in this college environment

Q: How can my parent/guardian(s) best support me in this program?

A: GtC strongly encourages parents/guardians to be an active partner in supporting our students. It is a powerful key to success! Some ways to show support are:

- Assist your student in maintaining the attendance/punctuality standard
- Don't schedule family obligations, appointments, vacations, etc when school is in session
- Be curious, interested, and invested in your student's progress
- Understand your student is in college, and must adjust to these new academic demands
- Help your student think and plan for the future, both short-term and long-term

STEP 2: Complete Application Process – 5 items below – Fall DEADLINE is June 1, 2015

Application Checklist:

1. Complete Gateway to College application
2. Obtain transcript from all previous high school(s)
3. Sign and include Laboratory Safety Contract

* **Send above 3 items to:** Gateway to College
(or drop off – room 3105) Saint Paul College
235 Marshall Ave.
St. Paul, MN 55102

4. Complete Saint Paul College online application
5. Take the Accuplacer Test at Saint Paul College – ***provide copy of scores to GtC office**

* **To complete above 2 items:** Go to Saint Paul College
Enrollment Services Office – first floor

Let Enrollment Services know you are applying for Gateway to College, and they will help you complete and submit the application properly. After you submit the application online, you will be able to take the Accuplacer test (do it the same day – or come back another day if you wish). The test takes approximately 2 hours to complete, give or take.

Please let us know when these items are complete! 651-402-4222 or gatewaytocollege@spps.org

Tips for Doing Your Best on the Accuplacer Test:

- * Take it seriously: the test will determine which college courses you are ready for.
- * Take your time: this is not a timed test, so there is no need to rush! Take as long as you need to read all the information thoroughly, and understand the questions you are answering.
- * Eat before you come: no one can concentrate on an empty stomach.
- * Get a good night's sleep: be sure you are well-rested so you can do your very best!
- * Check out some sample test questions under the “Resources” heading, at the following website: accuplacer.collegeboard.org/students/prepare-for-accuplacer

STEP 3: Interview with Gateway to College Staff

If selected after submitting all of your application materials, you will be invited for an in-person interview to discuss your goals. We will be in touch with you to schedule this.

Thank you!

GATEWAY *to* COLLEGE

APPLICATION FOR ADMISSION

Please read the application carefully before completing. Please PRINT CLEARLY, filling in all of the fields with a blue or black ink pen. Thank you!

Date of Application: _____ Current School: _____
(if enrolled)

STUDENT INFORMATION:

Full Legal Name: _____

Phone: _____ Email: _____

Gender (circle): Female Male Transgender Write In: _____

Primary Language: _____ Language spoken at home: _____

Birth date: _____ Current Age: _____ Year you turn 21: _____

Current Home Address:

Street address City State/ZIP

Address where you receive mail (if different than above):

Street address City State/ZIP

Parent/Guardian(s) _____ Relationship to you: _____

Parent/Guardian(s) _____ Relationship to you: _____

Address: _____
Street address City State/ZIP

Phone: _____ Alternate phone: _____ (specify): _____

Emergency Contact - if different from Parent/Guardian(s):

Name _____ phone _____ relationship to you _____

SCHOOL INFORMATION:

Please list all high schools or high school/GED programs where you have taken courses, starting with the most recent.

School: _____ City/State: _____

Dates Attended: _____ to _____ Counselor Name: _____

Grade level when last attended: _____ Transcript Attached: Yes No

School: _____ City/State: _____

Dates Attended: _____ to _____ Counselor Name: _____

Grade level when last attended: _____ Transcript Attached: Yes No

School: _____ City/State: _____

Dates Attended: _____ to _____ Counselor Name: _____

Grade level when last attended: _____ Transcript Attached: Yes No

School: _____ City/State: _____

Dates Attended: _____ to _____ Counselor Name: _____

Grade level when last attended: _____ Transcript Attached: Yes No

Are you currently working to obtain your GED? Yes No

Have you ever been dismissed or suspended from a school due to a student conduct or safety violation? Yes No

If yes, please explain: _____

What kind of support do you need to ensure this does not occur again?

Are you concerned about a disability of any kind that impacts your academic performance?

Are you concerned about any health or safety issues? _____

WORK INFORMATION:

Your work status will not affect your eligibility for this program, as long as your work hours do not conflict with class hours or ability to complete homework.

Are you currently working? Yes No Hours per week: _____

Are you willing to adjust your work hours/number of hours, in order to make school top priority?

Yes No

BARRIERS AND RESOURCES:

Information from this section will help us to identify students who may need additional community resources or support to be successful in the program. Please circle all that apply to you (either now or in the recent past):

Foster Care Homelessness Teen Pregnancy/Parent Drug/Alcohol Issue

Other _____ (please let us know so we know how to best support you!)

How did you learn about the Gateway to College program? _____

SIGNATURE REQUIREMENT:

My signature below indicates that all the information contained in my application is correct, complete and honestly presented. I realize if I have not provided accurate information or required application materials I may be denied acceptance for the upcoming term for the Gateway to College program. I understand that Gateway to College, in its educational policies, programs, and procedures, provides equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, or disability.

Applicant's signature

Date

TODAY'S DATE:

MM / DD / YY

SOCIAL SECURITY NUMBER:

Gateway to College Study: Baseline Information Form

1. NAME: _____ LAST FIRST MIDDLE		2. DATE OF BIRTH: ____ / ____ / 19 ____ MM DD YY	3. GENDER: 1 <input type="radio"/> MALE 2 <input type="radio"/> FEMALE 3 <input type="radio"/> TRANSGENDER 4 <input type="radio"/> WRITE-IN: _____
4. ARE YOU HISPANIC/LATINO? 1 <input type="radio"/> YES 2 <input type="radio"/> NO 9 <input type="radio"/> DECLINE TO ANSWER	5. WHAT IS YOUR RACE/ETHNICITY? (CHECK ALL THAT APPLY) a <input type="checkbox"/> WHITE b <input type="checkbox"/> BLACK c <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER d <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE e <input type="checkbox"/> OTHER i <input type="checkbox"/> DECLINE TO ANSWER	6. DO YOU USUALLY SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? 1 <input type="radio"/> YES 2 <input type="radio"/> NO 9 <input type="radio"/> DECLINE TO ANSWER	
7. WHERE ARE YOU CURRENTLY ENROLLED? (PLEASE CHECK ALL THAT APPLY) 1 <input type="radio"/> HIGH SCHOOL: _____ 2 <input type="radio"/> ALTERNATIVE HIGH SCHOOL 3 <input type="radio"/> GED PROGRAM 4 <input type="radio"/> CREDIT RECOVERY PROGRAM 5 <input type="radio"/> COMMUNITY COLLEGE 6 <input type="radio"/> HOME SCHOOL 7 <input type="radio"/> ADULT BASIC EDUCATION CLASSES 8 <input type="radio"/> OTHER: _____ 9 <input type="radio"/> NOT CURRENTLY ENROLLED (GO TO 7A.)		7A. IF YOU ARE <u>NOT CURRENTLY ENROLLED</u> , HOW LONG HAVE YOU BEEN OUT OF SCHOOL? 1 <input type="radio"/> LESS THAN 1 MONTH 2 <input type="radio"/> BETWEEN 2 AND 6 MONTHS (ABOUT ONE SEMESTER) 3 <input type="radio"/> BETWEEN 7 MONTHS AND 1 YEAR (ALL OR MOST OF A SCHOOL YEAR) 4 <input type="radio"/> BETWEEN 1 AND 2 YEARS 5 <input type="radio"/> MORE THAN 2 YEARS	
8. HOW MANY HIGH SCHOOL CLASSES HAVE YOU PASSED? (WITH A D OR BETTER) _____	9. HOW MANY HIGH SCHOOL CREDITS HAVE YOU EARNED? _____	10. WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL? _____	
11. HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? 1 <input type="radio"/> YES (GO TO 11A) 2 <input type="radio"/> NO (SKIP TO 12)	11A. IF YES, HOW MANY TIMES IN THE PAST YEAR? 1 <input type="radio"/> ONCE 3 <input type="radio"/> 4 OR MORE TIMES 2 <input type="radio"/> 2-3 TIMES 4 <input type="radio"/> NEVER		12. HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? 1 <input type="radio"/> YES 2 <input type="radio"/> NO

TODAY'S DATE:

MM / DD / YY

SOCIAL SECURITY NUMBER:

Gateway to College Study: Baseline Information Form

<p>13. IF YOU GO TO COLLEGE, WOULD YOU BE THE FIRST PERSON IN YOUR IMMEDIATE FAMILY (PARENTS, SIBLINGS) TO GO TO COLLEGE?</p> <p>1 <input type="radio"/> YES 2 <input type="radio"/> NO 8 <input type="radio"/> DON'T KNOW 9 <input type="radio"/> DECLINE TO ANSWER</p>	<p>14A. WHAT IS THE HIGHEST LEVEL OF EDUCATION OBTAINED BY YOUR FATHER?</p> <p>1 <input type="radio"/> NOT A HIGH SCHOOL GRADUATE 2 <input type="radio"/> HIGH SCHOOL GRADUATE OR GED 3 <input type="radio"/> SOME COLLEGE, DID NOT COMPLETE DEGREE 4 <input type="radio"/> ASSOCIATE'S DEGREE 5 <input type="radio"/> BACHELOR'S DEGREE 6 <input type="radio"/> MASTER'S DEGREE/1ST PROFESSIONAL 7 <input type="radio"/> DOCTORATE 8 <input type="radio"/> DON'T KNOW 9 <input type="radio"/> DECLINE TO ANSWER</p>	<p>14B. WHAT IS THE HIGHEST LEVEL OF EDUCATION OBTAINED BY YOUR MOTHER?</p> <p>1 <input type="radio"/> NOT A HIGH SCHOOL GRADUATE 2 <input type="radio"/> HIGH SCHOOL GRADUATE OR GED 3 <input type="radio"/> SOME COLLEGE, DID NOT COMPLETE DEGREE 4 <input type="radio"/> ASSOCIATE'S DEGREE 5 <input type="radio"/> BACHELOR'S DEGREE 6 <input type="radio"/> MASTER'S DEGREE/1ST PROFESSIONAL 7 <input type="radio"/> DOCTORATE 8 <input type="radio"/> DON'T KNOW 9 <input type="radio"/> DECLINE TO ANSWER</p>
<p>15. HAVE YOU EVER LIVED IN A FOSTER HOME OR WITH FOSTER PARENTS?</p> <p>1 <input type="radio"/> YES 2 <input type="radio"/> NO</p>	<p>16. DOES ANYONE IN YOUR HOUSEHOLD CURRENTLY RECEIVE OR QUALIFY FOR PUBLIC ASSISTANCE (FOR EXAMPLE, FOOD STAMPS, CASH ASSISTANCE/WELFARE, SSI, SECTION 8)?</p> <p>1 <input type="radio"/> YES 2 <input type="radio"/> NO</p>	<p>17. DID YOU QUALIFY FOR FREE OR REDUCED LUNCH LAST SCHOOL YEAR?</p> <p>1 <input type="radio"/> YES 2 <input type="radio"/> NO</p>
<p>18. DO YOU CURRENTLY WORK?</p> <p>1 <input type="radio"/> YES (GO TO 18A) 2 <input type="radio"/> NO (SKIP TO 19)</p>	<p>18A. HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK?</p> <p style="text-align: center;">_____ HOURS</p>	

19. PLEASE RATE EACH OF THE STATEMENTS BELOW TO DESCRIBE THE EXPERIENCES THAT AFFECTED YOUR ABILITY TO STAY IN OR SUCCEED IN SCHOOL. REMEMBER THAT THESE STATEMENTS REFER TO YOUR OWN EXPERIENCES, NOT THOSE OF YOUR FRIENDS OR FAMILY.

	NEVER A PROBLEM FOR ME	OCCASIONALLY A PROBLEM FOR ME	SOMETIMES A PROBLEM FOR ME	OFTEN A PROBLEM FOR ME	ALWAYS A PROBLEM FOR ME
SCHOOL-RELATED ISSUES					
ACADEMIC PROBLEMS	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
TEACHERS DIDN'T KNOW ME	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
PROBLEMS WITH MY PEERS	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
NOBODY CARED	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
INFREQUENT ATTENDANCE	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
PROBLEMS WITH THE SCHOOL ADMINISTRATION AND/OR FACULTY	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
DIDN'T FEEL THE ENVIRONMENT WAS SAFE	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
OTHER ISSUES					
FREQUENT MOVING	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

TODAY'S DATE:
 ____ / ____ / ____
 MM / DD / YY

SOCIAL SECURITY NUMBER:

Gateway to College Study: Baseline Information Form

PLEASE RATE EACH OF THE STATEMENTS BELOW TO DESCRIBE THE EXPERIENCES THAT AFFECTED YOUR ABILITY TO STAY IN OR SUCCEED IN SCHOOL. REMEMBER THAT THESE STATEMENTS REFER TO YOUR OWN EXPERIENCES, NOT THOSE OF YOUR FRIENDS OR FAMILY.

	NEVER A PROBLEM FOR ME	OCCASIONALLY A PROBLEM FOR ME	SOMETIMES A PROBLEM FOR ME	OFTEN A PROBLEM FOR ME	ALWAYS A PROBLEM FOR ME
HOMELESSNESS	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
HEALTH PROBLEMS NOT RELATED TO DRUGS OR ALCOHOL	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
HEALTH PROBLEMS RELATED TO DRUGS OR ALCOHOL	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
PROBLEMS WITH MY FAMILY OR HOUSEHOLD	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
PROBLEMS WITH THE LEGAL SYSTEM	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
CONFLICTS WITH WORK OR NEEDED TO WORK MORE HOURS	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
TOO MANY FAMILY RESPONSIBILITIES	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
PROBLEMS SPEAKING OR READING ENGLISH	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

20. PLEASE RATE EACH OF THE STATEMENTS BELOW TO DESCRIBE THE REASON(S) YOU DECIDED TO APPLY FOR GATEWAY TO COLLEGE.

	NOT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT
TO FINISH MY HIGH SCHOOL DIPLOMA	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO GET STARTED ON MY COLLEGE GOALS	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO BE ABLE TO GET A BETTER JOB	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO SATISFY PROBATION OR PAROLE	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO MAKE MY FAMILY HAPPY	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO IMPROVE MY FEELINGS ABOUT MYSELF	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO "CATCH UP" TO MY PEERS	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
TO GET READY TO JOIN THE MILITARY	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃

Flinn Scientific's Student Safety Contract

PURPOSE

Science is a hands-on laboratory class. You will be doing many laboratory activities which require the use of hazardous chemicals. Safety in the science classroom is the #1 priority for students, teachers, and parents. To ensure a safe science classroom, a list of rules has been developed and provided to you in this student safety contract. These rules must be followed at all times. Two copies of the contract are provided. One copy must be signed by both you and a parent or guardian before you can participate in the laboratory. The second copy is to be kept in your science notebook as a constant reminder of the safety rules.

GENERAL RULES

1. Conduct yourself in a responsible manner at all times in the laboratory.
2. Follow all written and verbal instructions carefully. If you do not understand a direction or part of a procedure, ask the instructor before proceeding.
3. Never work alone. No student may work in the laboratory without an instructor present.
4. When first entering a science room, do not touch any equipment, chemicals, or other materials in the laboratory area until you are instructed to do so.
5. Do not eat food, drink beverages, or chew gum in the laboratory. Do not use laboratory glassware as containers for food or beverages.
6. Perform only those experiments authorized by the instructor. Never do anything in the laboratory that is not called for in the laboratory procedures or by your instructor. Carefully follow all instructions, both written and oral. Unauthorized experiments are prohibited.
7. Be prepared for your work in the laboratory. Read all procedures thoroughly before entering the laboratory.
8. Never fool around in the laboratory. Horseplay, practical jokes, and pranks are dangerous and prohibited.
9. Observe good housekeeping practices. Work areas should be kept clean and tidy at all times. Bring only your laboratory instructions, worksheets, and/or reports to the work area. Other materials (books, purses, backpacks, etc.) should be stored in the classroom area.
10. Keep aisles clear. Push your chair under the desk when not in use.
11. Know the locations and operating procedures of all safety equipment including the first aid kit, eyewash station, safety shower, fire extinguisher, and fire blanket. Know where the fire alarm and the exits are located.
12. Always work in a well-ventilated area. Use the fume hood when working with volatile substances or poisonous vapors. Never place your head into the fume hood.
13. Be alert and proceed with caution at all times in the laboratory. Notify the instructor immediately of any unsafe conditions you observe.
14. Dispose of all chemical waste properly. Never mix chemicals in sink drains. Sinks are to be used only for water and those solutions designated by the instructor. Solid chemicals, metals, matches, filter paper, and all other insoluble materials are to be disposed of in the proper waste containers, not in the sink. Check the label of all waste containers twice before adding your chemical waste to the container.
15. Labels and equipment instructions must be read carefully before use. Set up and use the prescribed apparatus as directed in the laboratory instructions or by your instructor.
16. Keep hands away from face, eyes, mouth and body while using chemicals or preserved specimens. Wash your hands with soap and water after performing all experiments. Clean all work surfaces and apparatus at the end of the experiment. Return all equipment clean and in working order to the proper storage area.
17. Experiments must be personally monitored at all times. You will be assigned a laboratory station at which to work. Do not wander around the room, distract other students, or interfere with the laboratory experiments of others.
18. Students are never permitted in the science storage rooms or preparation areas unless given specific permission by their instructor.
19. Know what to do if there is a fire drill during a laboratory period; containers must be closed, gas valves turned off, fume hoods turned off, and any electrical equipment turned off.
20. Handle all living organisms used in a laboratory activity in a humane manner. Preserved biological materials are to be treated with respect and disposed of properly.

21. When using knives and other sharp instruments, always carry with tips and points pointing down and away. Always cut away from your body. Never try to catch falling sharp instruments. Grasp sharp instruments only by the handles.
22. If you have a medical condition (e.g., allergies, pregnancy, etc.), check with your physician prior to working in lab.

CLOTHING

23. Any time chemicals, heat, or glassware are used, students will wear laboratory goggles. There will be no exceptions to this rule!
24. Contact lenses should not be worn in the laboratory unless you have permission from your instructor.
25. Dress properly during a laboratory activity. Long hair, dangling jewelry, and loose or baggy clothing are a hazard in the laboratory. Long hair must be tied back and dangling jewelry and loose or baggy clothing must be secured. Shoes must completely cover the foot. No sandals allowed.
26. Lab aprons have been provided for your use and should be worn during laboratory activities.

ACCIDENTS AND INJURIES

27. Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to the instructor immediately, no matter how trivial it may appear.
28. If you or your lab partner are hurt, immediately yell out "Code one, Code one" to get the instructor's attention.
29. If a chemical splashes in your eye(s) or on your skin, immediately flush with running water from the eyewash station or safety shower for at least 20 minutes. Notify the instructor immediately.
30. When mercury thermometers are broken, mercury must not be touched. Notify the instructor immediately.

HANDLING CHEMICALS

31. All chemicals in the laboratory are to be considered dangerous. Do not touch, taste, or smell any chemicals unless specifically instructed to do so. The proper technique for smelling chemical fumes will be demonstrated to you.
32. Check the label on chemical bottles twice before removing any of the contents. Take only as much chemical as you need.
33. Never return unused chemicals to their original containers.

FLINN SCIENTIFIC INC.

*"Your Safer Source
for Science Supplies"*

P.O. Box 219, Batavia, IL 60510
1-800-452-1261 • Fax: (866) 452-1436
flinn@flinnsci.com • www.flinnsci.com

© 2004, Flinn Scientific, Inc. All Rights Reserved. Reproduction permission is granted to science teachers who are customers of Flinn Scientific, Inc., Batavia, Illinois, U.S.A. No part of this material may be reproduced or transmitted in any form or by any means, electronic or mechanical, including, but not limited to photocopy, recording, or any information storage and retrieval system, without permission in writing from Flinn Scientific, Inc.

Flinn Scientific's Student Safety Contract

34. Never use mouth suction to fill a pipet. Use a rubber bulb or pipet pump.
35. When transferring reagents from one container to another, hold the containers away from your body.
36. Acids must be handled with extreme care. You will be shown the proper method for diluting strong acids. Always add acid to water, swirl or stir the solution and be careful of the heat produced, particularly with sulfuric acid.
37. Handle flammable hazardous liquids over a pan to contain spills. Never dispense flammable liquids anywhere near an open flame or source of heat.
38. Never remove chemicals or other materials from the laboratory area.
39. Take great care when transporting acids and other chemicals from one part of the laboratory to another. Hold them securely and walk carefully.

HANDLING GLASSWARE AND EQUIPMENT

40. Carry glass tubing, especially long pieces, in a vertical position to minimize the likelihood of breakage and injury.
41. Never handle broken glass with your bare hands. Use a brush and dustpan to clean up broken glass. Place broken or waste glassware in the designated glass disposal container.
42. Inserting and removing glass tubing from rubber stoppers can be dangerous. Always lubricate glassware (tubing, thistle tubes, thermometers, etc.) before attempting to insert it in a stopper. Always protect your hands with towels or cotton gloves when inserting glass tubing into, or removing it from, a rubber stopper. If a piece of glassware becomes "frozen" in a stopper, take it to your instructor for removal.
43. Fill wash bottles only with distilled water and use only as intended, e.g., rinsing glassware and equipment, or adding water to a container.
44. When removing an electrical plug from its socket, grasp the plug, not the electrical cord. Hands must be completely dry before touching an electrical switch, plug, or outlet.
45. Examine glassware before each use. Never use chipped or cracked glassware. Never use dirty glassware.
46. Report damaged electrical equipment immediately. Look for things such as frayed cords, exposed wires, and loose

connections. Do not use damaged electrical equipment.

47. If you do not understand how to use a piece of equipment, ask the instructor for help.
48. Do not immerse hot glassware in cold water; it may shatter.

HEATING SUBSTANCES

49. Exercise extreme caution when using a gas burner. Take care that hair, clothing and hands are a safe distance from the flame at all times. Do not put any substance into the flame unless specifically instructed to do so. Never reach over an exposed flame. Light gas (or alcohol) burners only as instructed by the teacher.
50. Never leave a lit burner unattended. Never leave anything that is being heated or is visibly reacting unattended. Always turn the burner or hot plate off when not in use.
51. You will be instructed in the proper method of heating and boiling liquids in test tubes. Do not point the open end of a test tube being heated at yourself or anyone else.
52. Heated metals and glass remain very hot for a long time. They should be set aside to cool and picked up with caution. Use tongs or heat-protective gloves if necessary.
53. Never look into a container that is being heated.
54. Do not place hot apparatus directly on the laboratory desk. Always use an insulating pad. Allow plenty of time for hot apparatus to cool before touching it.
55. When bending glass, allow time for the glass to cool before further handling. Hot and cold glass have the same visual appearance. Determine if an object is hot by bringing the back of your hand close to it prior to grasping it.

QUESTIONS

56. Do you wear contact lenses?

YES NO

57. Are you color blind?

YES NO

58. Do you have allergies?

YES NO

If so, list specific allergies _____

AGREEMENT

I, _____, (student's name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.

Student Signature

Date

Dear Parent or Guardian:

We feel that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment.

With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards.

You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules above. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher.

Your signature on this contract indicates that you have read this Student Safety Contract, are aware of the measures taken to ensure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature

Date

FLINN SCIENTIFIC INC.

*"Your Safer Source
for Science Supplies"*

P.O. Box 219, Batavia, IL 60510
1-800-452-1261 • Fax: (866) 452-1436
flinn@flinnsci.com • www.flinnsci.com