



Dear Parent or Guardian,

Your student is enrolled in a **Technology Education** class. With the teacher’s approval, your student may use the equipment that is applicable to this program.

Safety instruction will be given for all tools and equipment. Pupils will be evaluated on their safety instruction lessons and performance. The safe practices for the operation of each machine are posted in the lab, and it is the duty of each student to know and obey them at all times. It is the further responsibility of each student to know and obey the safe practices on the reverse side of this letter. Continued disregard for the safe practices could result in the suspension of your student from the Technology Education class.

Pupils will be permitted to operate power equipment only under supervision of the instructor. Your student’s safety consciousness and compliance with safe practices are essential in contributing to an accident free environment.

<b>LIMITATIONS: Please mark one</b>	
None	_____
Allergies	_____
Other	_____
<b>Accommodations Required</b>	_____
<b>Please specify-</b> _____	
Please check the YES box if your child has an IEP or 504 plan this year.	
<input type="checkbox"/>	YES

Sincerely,

Gina Davenport  
Principal

Robert Baur  
Technology Education Department Chairman

**Work Submissions:**

Please be aware that technology teachers may use online work submissions (ie. Google Classroom etc). Students will have access in classrooms and in other locations to submit assignments.

**For Parent or Guardian:**

My signature below indicates that I understand the general safe practices on the reverse side of this letter. **I have checked the Accommodations Required and /or the “YES” box if my child requires any accommodations to be successful in class.**

Parent of Guardian:

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Student:**

My signature below indicates that I understand and agree to follow the general safe practices on the reverse side of this letter.

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Technology Department: Please Circle Your Teacher**

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