

## AP Biology Syllabus Acknowledgment

*With your signature below, you acknowledge that you have received and read the course syllabus and lab safety contract for AP Biology.*

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Phone Number(s)

\_\_\_\_\_  
Parent/Guardian's E-mail Address