**AP BIOLOGY PARENT / STUDENT CONTRACT**

The purpose of the AP Biology contract is to provide information to parents and students, and to facilitate students’ success in an academically challenging course. Please read the list of expectations carefully, and then sign below to confirm your commitment to AP Biology.

1. I recognize that participation in AP Biology requires me to:

* Demonstrate increased student independence
* Take on a high degree of responsibility
* Come to class on time and fully prepared
* Complete all assignments, including reading requirements and pre-labs on time

1. I understand that AP Biology is the equivalent of a college level biology course, and therefore will require the same amount of homework and reading. (approximately 1 ½ - 2 hours nightly)
2. I understand that in order to cover all topics that may appear on the AP exam, this course must proceed at a rapid pace. Therefore, I agree that it is my responsibility to keep up with this pace and ask for extra help on any topic I am having difficulty with.
3. I recognize that attendance is critical to my success in this course and will make every effort to be present for each class and lab. In the event of absence, I will check the website for homework or assignments so that I do not fall behind.
4. I understand that projects and assignments may be given during holidays or school breaks, and I will complete them on time.
5. I recognize that my participation in class and as a group member is essential to the success of the entire class, and agree to contribute 100% to this common goal.
6. I understand that due to the challenging nature of this course and the test questions, my exam grades may not be as high as those in other high school level classes. These scores will improve with time, and are not the only components of my final grade.
7. I understand that at any time, if attendance, effort or performance is questionable, the Teacher may ask for a parent conference to decide whether or not I should continue in the AP Biology class.
8. I agree to speak with the Teacher immediately if I have any questions, concerns or suggestions that will enhance my learning in this class.
9. I agree to study and work in an honest and respectable manner.
10. I agree to come to class prepared and demonstrate a positive attitude in our learning environment.

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Student Name (Print) Student Signature

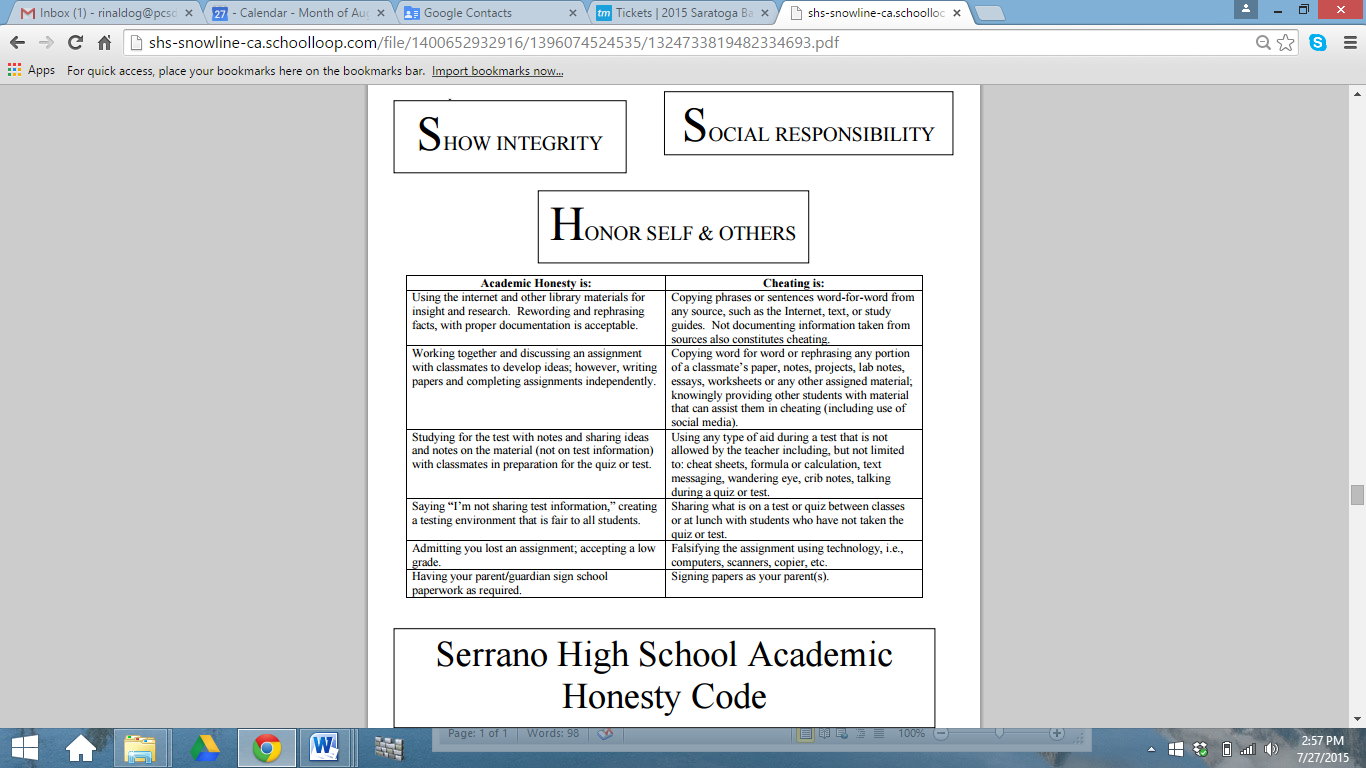
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Parent Name (Print) Parent Signature

Parent E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. [Rinaldo-Rinaldog@pcsdny.org](mailto:Rinaldo-Rinaldog@pcsdny.org)

Ms. Rinaldo’s Academic Integrity Policy



I have reviewed the policies listed above regarding academic integrity with my child and agree to abide by them.

Student Signature Date

Parent Signature Date