

Student Agreement

Chino High School Room # E-103
Culinary Arts
Instructor: Sara A. Tolliver
Email: sara_tolliver@chino.k12.ca.us

As your instructor, I expect your commitment, effort, and integrity. In return, I commit to supporting your educational, personal, and career goals, and to providing you with the skills and knowledge to complete your career pathway.

Please sign the agreement below and return it to the instructor.

Course Syllabus - Student's Agreement

I, (print your name) _____, certify that I have read and understood the culinary course syllabus and classroom rules provided by my instructor, including cell phone policy and appropriate dress code in our Lab/Kitchen and the classroom. I am aware of the course and classroom requirements to complete the course successfully.

Student signature: _____

Student Personal Email: _____

Date: _____ Class Period: _____ Grade level _____

Parent or Guardian name:

Parent or Guardian signature: _____

Contact Number(s): _____

Parent Email: _____

Date: _____