

Pflugerville Independent School District  
School Safety Information Parent/Guardian and Student

Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_ Program: \_\_\_\_\_

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Dear Parent or Guardian:

Your child is enrolled in the educational program identified above and will have the opportunity to participate in supervised class activities that involve the use and operation of various tools and equipment.

Appropriate instruction in the safe operation of assigned tools, equipment, and procedures will be given that will include supervised student performance testing on each item. Precautions are taken to prevent accidents but a certain risk is involved due to the nature of the experience and the learning environment.

Safety goggles will be provided in compliance with Texas Education Agency guidelines. Apparel, eye wear, and hairstyles must be appropriate and safe for the activity. We ask your support in discussing with your child the necessity to observe safety policies that have been established. If you have any questions, please contact the teacher.

Thank you for your assistance.

Teacher

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I have read this communication and understand the type of program in which my child is enrolled. I will discuss the safety aspects of the program with my child.

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

Parent/Guardian

\_\_\_\_\_

Date

Phone Numbers: \_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

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I agree to observe all safety rules and procedures for the safe operation and conduct in this course. I will wear approved eye protection in accordance with state law.

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

Student

\_\_\_\_\_

Date