

Northeast Technical High School
CABINETMAKING
Information Survey

Your son/daughter has chosen to take Cabinetmaking this semester. In case of an emergency or disciplinary issue, I, the teacher, would ask for current information to be able to reach you:

This cabinetmaking class should be a great learning experience for your son/daughter. Hazardous machines will be used during this class. Your son/daughter will gain the knowledge on how to operate these machines safely. Before they are allowed to operate any machine on their own, each student will have to pass a safety test with a score of 100%. In addition, these machines are equipped with guards to protect your son/daughter. My philosophy in the shop is: If the safety guard is off then I (Mr. Mills) make the cuts (with the exception of the dado blade).

With hazardous machines, there is no room for horseplay in the shop. If horseplay becomes an issue with your son/daughter we may have to come up with an alternative for the class. The last thing I want to see is a student getting hurt. Horseplay in the shop may become a liability issue in which the safety of your son/daughter as well as the other students becomes jeopardized.

Approved eye protection is required at all times when we are working in the shop. Your son/daughter will be provided with a pair of approved-eye protection. If your son/daughter does not like the issued eye protection, they can bring in their own pair. Prescription eye glasses alone are not approved safety eye protection.

Appropriate clothing and footwear is required at all times when in this class. Open-toed and/or heel shoes are **not** allowed. In addition slipper-type footwear will not be permitted.

Please sign this form and return it to the woodshop with your student. Your student will not be allowed to work in the shop until this form has been signed and returned to me. If there are any questions, please feel free to call me at Watertown High School, e-mail me at Mike.Mills@k12.sd.us, or visit my website via Northeast Technical High School website.

With the many hazards in the shop cell phone use is prohibited. This included wearable technology.

Thank you for your cooperation during this school year.

Student's Name: _____ Students Cell # _____

Parent/Guardian Name: _____

Relationship to the Student: _____

Mother/Guardian place of work: _____ Phone # _____

Father/Guardian place of work: _____ Phone # _____

Other Day-Time Phone # _____ Cell: _____

Current E-Mail Address _____

By signing below you acknowledge that you have read the above form, and have filled out the correct contact information.

Parent/Guardian Name: _____

Signature of Parent/Guardian _____

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See Other Side -----> -----> -----> -----> ----->