

EBAA

REPORTING OF HAZARDS

City of Rochester School Department

**Office of the Superintendent
150 Wakefield Street – Suite 8
Rochester, New Hampshire 03867
(603) 332-3678
FAX: (603) 335-7367**



Date

Dear Parent or Guardian:

_____ is enrolled in [Program].

Each program has possible safety hazards that normally occur as a part of this learning experience. Therefore, we request that you read the following so that there will be no misunderstandings.

Each student will be given safety instructions related to the course being studied and will be expected to know and follow the safety rules. Behavior detrimental to the student or others cannot and will not be tolerated. Failure by a student to comply with the established rules and procedures set for each program may be cause of his/her removal from the program.

The personal safety of each student is of prime importance to us and we are doing everything possible to prevent any accidents.

If an accident does happen and medical treatment outside the school is needed, the parent or guardian is responsible for any and all expenses incurred.

If you have any questions please do not hesitate to call us here at school.

Yours truly,

Adopted	April 8, 1993
Amended:	November 13, 2008
Amended:	June 14, 2018