

PARENT/PROGRAM CONTRACT

Joint Agreement/Contract

Student _____ ID# _____ Date _____

School _____ Grade _____ Beginning Date _____

We, the parents/legal guardians of _____ are aware of the following conditions and expectations:

Our student will attend school in the alternative education program, where he/she will participate in a program designed to assist him/her toward better social, behavioral and academic school performance and adjustment. The school will provide my child with all support services available to other students.

The length of time within alternative education will be based on the student's successful achievement of specific short-term and long-term goals. When the student has successfully attained these goals, there will be a review to determine if transition back to the traditional school is appropriate. Reviews usually occur quarterly.

Parent/Guardian Address: _____

I may be reached at the following phone number(s): _____ or _____

Email address: _____

Parent/guardian will communicate with the Alternative Education administrator about changes that occur concerning situations that may impact the student's ability to learn.

Parent Signature

DATE

Student Signature

DATE

District Representative

DATE