

ACADEMIC ENRICHMENT CONTRACT

FOR USE BY STUDENT AND PARENT(S)/GUARDIAN(S) IN APPLYING FOR PERMISSION TO ENTER INTO AN ACADEMIC CONTRACT PER BOARD POLICY 118. NOTE: THE APPLICATION MUST BE COMPLETED AND TURNED INTO THE SCHOOL PRIOR TO JUNE 1. IT IS RECOMMENDED THAT APPLICATION TO THE PROGRAM ITSELF NOT BE MADE UNTIL APPROVAL IS RECEIVED FROM THE DISTRICT.

SCHOOL YEAR _____

Student Name _____ School _____

Parent(s)/Guardian(s) Name _____

Home Address _____

Home Phone _____ Student's Current Grade Level _____ Student's GPA _____

Name of Requested Program _____

Location of Program _____

Sponsoring Organization for the Program _____

Start Date _____ End Date _____

Will you be required to miss a portion of the school day? YES NO

If yes, what time would you be away from school each day? (Give actual times. Example: 9:00 a.m. to 10:30 a.m.)

Description of the program: (Attach brochure or syllabus)

Explain why it is important for you to take this program. (You may add an additional sheet, if you need more space.)

NOTE: Generally, the responsibility for all costs, fees, or transportation associated with this program is the sole responsibility of the student and parent(s)/guardian(s) making the request.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

This form must be completed and returned to the counselor by Jun. 1 for fall enrollment and Oct. 1 for spring enrollment of the year prior to the beginning of the program.

ADMINISTRATIVE USE ONLY

Yes	No		Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	School Counselor	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Building Principal	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Director of Secondary Education	_____	_____