

Alder Grove Charter School
Enrollment Agreement 2017-2018

THIS FORM MUST BE COMPLETED WITH YOUR TEACHER

Student Name: _____ Date: _____

The student and parent understand and agree that (parent or adult student must initial each item):

_____ Alder Grove Charter School is an independent study, home-based, personalized learning school of choice.

_____ An Alder Grove teacher will provide a maximum of 1 hour per week or a minimum of 1 hour every two weeks of one on one instruction with a student.

_____ School attendance is based on completed school assignments.

_____ Alder Grove campus has limited space, so space is reserved for enrolled students. Families are strongly encouraged to wait for their students off campus while classes are in session.

_____ Teachers are responsible, with parent input, for assessing student progress toward state standards. Teachers must see all completed work for each student and collaborate with parents to complete a report card twice annually.

_____ Alder Grove students are expected to work 4-6 hours daily on school assignments, depending on age and grade level.

_____ All Alder Grove students are expected to participate in state and school wide assessments at least twice per year.

_____ Teachers must collect at minimum, one original work sample for each subject during each learning period. Photocopies cannot be accepted.

_____ If a student is interested in joining any branch of the Armed Services after graduation, it is important to contact the recruiter and determine if an accredited independent study diploma will be recognized.

_____ I understand that my student must attend weekly Academic Support sessions in reading, writing and/or math if he/she is working in the at risk range as identified by State/school wide assessments.

_____ I understand that if my student qualifies for Academic Support, the Intervention Process will be initiated for non-participation.

Student Signature

Date

Credentialed Teacher (CT) Signature

Date

Parent Signature

Date