



St. Louis Public School Virtual School
Enrollment Processing Center
2300 Corporate Park Drive, Suite 200
Herndon, VA 20171

Ph. 1.866.968.7512
www.K12.com

2008-2009 Enrollment Package Instructions/Checklist

Please complete one enrollment package for each student seeking admission to the St. Louis Public School Virtual School (SLPS-Virtual School). Print clearly with blue or black ink. Be sure to include the student's name at the bottom of each page of every form in case the pages of the document become separated. NOTE: Students are not officially enrolled until all completed forms have been submitted and you receive your letter of acceptance. As you complete each item, please mark the box on the list below. Keep this checklist for your records only. If you have any questions or need assistance, please contact Donald.kamps@slps.org.

Enrollment Checklist

Please complete, sign, and submit this Enrollment Checklist with your Enrollment Application.

Required Forms:

- This Enrollment Checklist, completed and signed
- Student Information Form
This form must be filled out separately for each child applying to SLPS-Virtual School.
- Family Information Form
This form only needs to be filled out once, regardless of how many students you have applying to SLPS-Virtual School.
 - Check this box if you are now enrolling multiple students in SLPS-Virtual School.
- Family Income Form completed and signed
- Enrollment Acceptance completed and signed
- Agreement for Use of Instructional Property completed and signed
- Family Educational Rights and Privacy Act (FERPA) Consent Form
- Release Information
- Release of Student Records
This form is required to transfer your student's previous school records.
- Child Find Query
- Family Accountability Plan

Additional Required Documentation:

- The original birth certificate must be brought to the Learning Center.
- Current proof of residency which is addressed to the guardian and verifies the student's address. The following are all acceptable examples of a proof of residence ie(current unpaid utility bill, valid driver's license or state ID, mortgage, residential lease, property deed, welfare documents from the Missouri Division of Family Services, Social Security documentation, or notarized rent statement).
- A copy of the student's up to date immunization record.
- A copy of the student's Multifactorial Evaluation/504 or IEP, if applicable.

NOTE: Incomplete information will delay the processing of your student's application. Please let us know if there is a specific reason that you are unable to provide any of the required documents (attach a separate sheet if necessary):

Student Information Form

St. Louis Public School Virtual School

Required for each child applying to SLPS-Virtual School. (Questions? Call 1-866-968-7512)

Student's Legal Name: _____
last first middle

Preferred Name: _____ Gender: Male Female

Date of Birth: _____ Age (as of 7/31/08): _____

Mailing Address: _____
street apt #

_____ city county state zip

Shipping Address: _____
street apt #

_____ city county state zip

Home Phone: _____

Ethnicity (check one): White/Caucasian Black/African American Hispanic/Latino Asian/Pacific Islander
 Native American/Alaskan Biracial/Black Biracial/Non-Black

Schooling Information

Type of Previous School: Public school Private school Home school Charter school
 Preschool Part-time public school/home school Not in school/other

Name of Last School Attended: _____

Address of Last School Attended: _____
street

_____ city state zip

School Phone Number: _____

School District of Residence: _____

Student's Name:

Student's Home Phone:

Academic Placement Information

Current Grade Level (please check): K 1 2 3 4 5 6 7 8

Grade Level Applying For (please check): K 1 2 3 4 5 6 7 8

To ensure that your student is placed at the appropriate level, K12 has developed placement tests in math and language arts, available at K12.com. All students must take these placement tests and submit the results in order to enroll in SLPS-Virtual School. Failure to take these tests or submit results prior to enrollment submission will delay your student's course assignment and acceptance into SLPS-Virtual School. These tests and accompanying directions for submission of results are available online at K12.com. If you do not have access to a computer and the Internet, contact SLPS-Virtual School at 1-866-968-7512 for assistance.

You will be contacted by a SLPS-Virtual School Placement Specialist shortly after your student's enrollment package is received and placement tests have been taken.

Special Programs

To help us better serve your student's needs and transition, we would like to know about any special services your student has received or is required to receive under state or federal law. This information will not be used to determine enrollment eligibility, but will be used to ensure that your student is provided with proper services.

Has your student participated in any of the following special services?

Gifted & Talented ESL (English as a Second Language) Title 1/Chapter 1

504 Plan Special Education/IEP

Does your student have an IEP? Yes No

Please submit any and all of the following IEP, Multidisciplinary evaluation, 504 plan with your application: Copies must be received to assist in meeting your student's needs.

For additional information about SLPS Special Education services please contact Linda Werner at 314-345-5377.

Additional Information

Does the student have a home computer? _____

Does the student have internet access from home? _____

Emergency Contacts

If a parent cannot be reached, we will attempt to contact one of the following people in the order listed below. Please list two emergency contacts.

First Emergency Contact's Name: _____
last first middle

Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Second Emergency Contact's Name: _____
last first middle

Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Student's Name:

Student's Home Phone:

Family Information Form

This form only needs to be filled out once per family, regardless of the number of students applying.

Parent/Guardian One: _____ Relationship to student: _____
last first middle

Home Phone: _____ Alternate Phone: _____ Legal Guardian? Yes No

Parent/Guardian One's Mailing Address: _____
street apt #

_____ city _____ county _____ state _____ zip _____

Highest level of education completed: _____

Parent/Guardian Two : _____ Relationship to student: _____
last first middle

Home Phone: _____ Alternate Phone: _____ Legal Guardian? Yes No

Parent/Guardian Two's Mailing Address: _____
street apt #

_____ city _____ county _____ state _____ zip _____

Highest level of education completed: _____

Name(s) of Parent/Guardian with whom student resides: _____ Relationship to student: _____

Primary Adult Working with Student

SLPS-Virtual School will assign a teacher for your student. In addition, the school program requires that you specify an adult to have the primary responsibility for working with your student on a daily basis. The primary adult may be a parent, legal guardian, or someone else of your choosing. If other than a parent or legal guardian, you will be asked to provide additional information after you enroll.

Primary Adult's Name: _____ Relationship to student: _____

Home Phone: _____ Alternate Phone: _____

Primary Adult's Legal Address: _____
street apt #

_____ city _____ county _____ state _____ zip _____

Primary Adult's E-mail address: _____
e-mail

Sibling Information

Please list the name of each student applying to SLPS-Virtual School for the 2008-2009 school year: _____

Student's Name:

Student's Home Phone:



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2008-2009 Family Income Form

In order to determine if SLPS-Virtual School will receive federal Title I funds for reading and/or mathematics or other services, certain information is needed. Please complete this form and submit it with your enrollment documents. List only those students enrolling in SLPS-Virtual School.

Student Information

Please print the name of all children enrolling in SLPS-Virtual School.

NAME	BIRTH DATE	SEX	GRADE	DISTRICT OF RESIDENCE (WHERE YOU LIVE)	INDICATE IF CHILD IS A FOSTER CHILD, WARD OF COURT, OR FOOD STAMP RECIPIENT

Calculating Household Income

In order to determine if SLPS-Virtual School will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See lists below of the type of income to report.

Earnings from Work:

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirements/Social Security:

- Pensions
- Supplemental Security income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony:

- Public assistance/welfare payments
- Alimony/child support payments

Other Income:

- Disability benefits
- Interest dividends
- Cash withdrawn from savings
- Estate/trusts/investments
- Regular contributions from person(s) not living in household
- Net royalties/annuities/net rental income

Household Income

Total number of all household members, whether they receive income or not: _____

Total of all household members' income before taxes or anything else is taken out. Fill in the one that is easiest for you to calculate:

\$ _____ annually OR \$ _____ monthly OR \$ _____ weekly

Certification and Signature

I certify that all of the above information is true and correct, and that all income is reported. I understand this information is being given for the receipt of federal funds, and that school officials may verify the information on the form.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Student's Name: _____

Student's Home Phone: _____



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2008-2009 Enrollment Acceptance

Statement of Education Equality

SLPS-Virtual School is committed to a policy of education equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, sex, national origin, age, handicap, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

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Acknowledgment of Expectations

Please initial each of the following statements.

- _____ I understand that by submission of this form I am requesting to enroll my student in a public school with attendance requirements that I am expected to meet.
- _____ I understand that public school enrollment includes participation in the required state testing program.
- _____ I accept the responsibility to supervise my student in using the K12 curriculum, and I understand that I am expected to become knowledgeable about it.
- _____ I expect to follow the guidance and support of a professional teacher in implementing the K12 program with my student.
- _____ I understand that student progress is an expected part of the SLPS-Virtual School program in addition to the attendance hours logged. Teachers will review progress and consider other factors, including parental input, when making student advancement decisions.
- _____ I understand that I am required to participate in telephone conferences with my student's teacher(s) and that I will be asked to submit work assignments regularly.
- _____ I understand that it is my responsibility to secure an Internet Service Provider and I will be reimbursed if I am in compliance with attendance requirements according to the school policy.
- _____ I understand that my child will be expected to attend school at the SLPS-Virtual School one day per week.

Please accept this signed and completed document to enroll _____ (student's name) in the St. Louis Public School Virtual School for the 2008-2009 academic year. I understand that completion of this enrollment form does not guarantee admission into the program.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Student's Name:

Student's Home Phone:



2008-2009 Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling at SLPS-Virtual School beginning with the 2008–2009 academic year.

SLPS-Virtual School has made arrangements with K12 Inc. and/or its affiliates (“K12”) to permit each Student to use certain instructional books and materials, and for each Qualifying Student to use certain computer equipment and software (“Instructional Property”) to facilitate the Student’s education while enrolled in SLPS-Virtual School. SLPS-Virtual School’s charter entitles each student who qualifies for free and reduced lunch and requests a computer (“Qualifying Student”) to a computer, monitor, printer, and online access, as well as instructional materials.

Responsible Party hereby agrees to the following:

1. **Use of Instructional Property.** SLPS-Virtual School and K12 shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1–Instructional Property Schedule. SLPS-Virtual School and K12 reserve the right to add, change, substitute, and/or delete individual items on the Instructional Property Schedule from time to time.
2. **Term.** Responsible Adult’s and Student’s rights to use and possess the Instructional Property expire upon the Student’s termination of enrollment. Notwithstanding the foregoing, SLPS-Virtual School and K12 reserve the right to terminate any right to use and possession immediately if either has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
3. **Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
4. **Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to SLPS-Virtual School to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
5. **Responsibility for Instructional Property.** Responsible Party must maintain the Instructional Property at the Responsible Party’s residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days’ written notice and the new address to SLPS-Virtual School. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by K12 and shall take all reasonable precautions to protect it. Responsible Party agrees to inform SLPS-Virtual School of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. SLPS-Virtual School and/or K12 will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow SLPS-Virtual School to ship or have shipped replacement Instructional Property.
6. **Maintenance and Repair.** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.
7. **Use of Instructional Property.** Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at SLPS-Virtual School and not for the benefit of any other person or for any other purpose; (ii) all Instructional Property shall be used in accordance with SLPS-Virtual School policies and rules and K12 and the manufacturer’s instructions; (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application; (iv) all usage of the Instructional Property shall be subject to SLPS-Virtual School policies and rules regarding Network/Internet use and protocol; (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from K12 Technical Support; and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

Student’s Name:

Student’s Home Phone:

- 8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless SLPS-Virtual School, K12, and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by SLPS-Virtual School or K12.
- 9. DISCLAIMER OF WARRANTIES. NO INDEMNIFIED PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.
- 10. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.
- 11. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of SLPS-Virtual School. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Missouri.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



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Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age (“eligible students”) certain rights regarding the student’s education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student’s education records.

St. Louis Public School Virtual School (SLPS-Virtual School) and its designated curriculum provider, K12 Inc., have found that to best serve the student’s education needs, it is necessary to disclose a student’s name and address to the following classes of vendors that provide important services related to your student’s education. In all cases, these vendors will have agreed to ensure the confidentiality of the student’s name and address and to not use the information for purposes other than that contracted for the student’s education needs.

- Suppliers of computers and educational materials for purposes of shipping to and from the student’s home
- Customer care providers that handle support calls for K12 Inc.
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous web-conferencing sessions
- Computer professionals that host and maintain K12 Inc.’s student account management systems
- Other contractors and subcontractors that SLPS-Virtual School and/or K12 Inc. identify as necessary to providing education services

To best serve the student, SLPS-Virtual School requests the following parental consent to disclose the student’s name and address to the specified class of contractors.

I hereby agree that my student’s name, address and other information as necessary, may be provided to the above identified contractors to ensure that SLPS-Virtual School can best meet my student’s education needs.

Print Parent/Guardian’s Name: _____

Parent/Guardian’s Signature: _____ Date: _____

Student’s Name:	Student’s Home Phone:	8
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Release Information

Student Directory

Do we have your permission to publish the parent and student's name, address, e-mail, and phone number in the student directory?

Yes No

Photo/Video Release

Throughout the year, there are occasions when the St. Louis Public School Virtual School (SLPS-Virtual School) and/or K12 Inc. may want to take pictures/videos of your student participating in activities related to the school. We may use, duplicate, broadcast, distribute, and display these pictures/videos in SLPS-Virtual School or K12 Inc. publications, local newspapers, school website and/or homerooms, advertising, at SLPS-Virtual School or K12 facilities, or on the websites maintained for them. We request that you sign this photo/video release for your student to allow us to record on film, tape, or otherwise, to edit such items as desirable or necessary, and to use the student's name, likeness, image, voice, and performance as outlined above. Thank you in advance for your support and understanding.

Student's Name: _____
last first middle

- I give my consent for SLPS-Virtual School/K12 Inc. to use pictures/video of my student.
- I do NOT give my consent for SLPS-Virtual School/K12 Inc. to use pictures/video of my student.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



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Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health/immunization, and discipline/expulsion records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (____) _____

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (____) _____

Name of Parent or Legal Guardian: _____
first last

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: St. Louis Public School Virtual School
Third Floor, Technology Services
801 N. 11th Street
St. Louis, Missouri 63101

Student's Name:

Student's Home Phone:



Child Find Query

Student's Legal Name: _____
last first middle

Parent/Guardian Name: _____

1. Does your child have a recent evaluation that was completed for possible special education services? Yes No

2. Does your child have an active IEP? Yes No

3. Does your child have a 504 plan? Yes No

4. Does your child have any medical concerns that may impact their education? Yes No

If yes, what: _____

5. Is your child's primary language English? Yes No

If no, what is your child's primary language? _____

6. Has your child received Title I services? Yes No

If yes, when? _____ Math, reading or both? _____

7. Has your child ever been identified or received Gifted services? Yes No

If the child is entering from a home school experience:

8. Did your child receive special education services when he/she was enrolled in his previous public/private school? Yes No

If the parent indicates YES to any of the above:

1. Do you have copies of the eligibility report/psychological testing/multi-factored evaluation/evaluation report? Yes No

2. Do you have a copy of the most recent IEP? Yes No

3. Do you have a copy of the 504 plan? Yes No

If the parent has copies of any of the above, please provide copies to the St. Louis Public School Virtual School.

I certify that all of the above information is true and correct.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



Family Accountability Plan

Families who enroll their children in the St. Louis Public School Virtual School, must adhere to the following expectations. These expectations represent the basic minimums to which parents and students must comply in order to experience success in the SLPVS.

The vast majority of families who enroll with the SLPVS consistently and conscientiously comply with these expectations. However, as the school year progresses, some families may demonstrate the inability or unwillingness to fulfill one or more of the areas below. In these cases, the Family Accountability Plan (below) will be initiated so that the school has a mechanism by which the responsible teaching adult can be officially notified of behaviors that compromise the successful school experience of the student. Family Accountability Points (FAP's) will be allocated as necessary until one of two outcomes occurs:

1. The family acknowledges their deficiencies and attends two mandatory meetings/trainings to implement programmatic changes, address issues, and plan for an improved school experience. The meeting will also include discussion of the family's next steps and possible consequences.
2. If the family is still not compliant, they will begin to earn FAP's. If ten FAP's are accumulated, the student will be not recommended for re-enrollment for the fall of 2008.

The chart below explains the possible deficiencies, points, and timelines that comprise the Family Accountability Plan:

Issue/I Understand	Point Value	Minimum Expectation	When Recorded
Attendance	2 FAP's per month	Minimum of 100 hours per month, or as specified by the teacher	End of each month
Progress	2 FAP's per month	10% per month, or as specified by the teacher	End of each month
Portfolio Samples	1 FAP per required entry	Appropriate portfolio samples submitted on time as requested	One week after samples are due
Illuminate Conference	1 FAP per missed conference	Student/Parent participation in mutually scheduled sessions	Within one week after the missed conference (to give time to reschedule)
Learning center attendance	1 FAP per quarter	Weekly attendance at the learning center	End of each quarter
State testing	5 FAP's (student may not enroll the following year unless excused)	Student will take all required state achievement/diagnostic tests	End of the testing window

- The teacher will keep track of the Family Accountability Points accumulated by the parent/student.
- The teacher will keep the parent informed of the student's FAP status through telephone conferences or F2F at the learning center, as well as by written email communication.
- In the event that a parent/student accumulates 10 Family Accountability Points, the parent will be notified in writing and the student will not be recommended for re-enrollment for the Fall 08.
- All appeals will be directed toward Julie Overholt who will interview the teacher and the parent/responsible adult, and examine the applicable documentation with JoAnn Reese. The decision reached by Julie Overholt and JoAnn Reese after researching the case will be final.
- Thank you for your understanding as we work together for the academic success of your child.

Parent Signature _____ Date _____

Student's Name:	Student's Home Phone:	12
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