**PARENT/PROGRAM CONTRACT**

**Joint Agreement/Contract**

Student: Click here to enter text. ID#: Click here to enter text. Date: Click here to enter a date.

 School: Click here to enter text. Grade: Choose an item. Beginning Date: Click here to enter a date.

We, the parents/legal guardians of: Click here to enter text. , are aware of the following conditions and expectations:

Our student will attend school at Click here to enter text. , 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 intervention time at Click here to enter text. , will be based on student’s successful achievement of specific short term and long term goals. When student has successfully attained these goals he/she will be reviewed for transition back to his/her home school, reviews usually occur quarterly.

Parent/Guardian Address: Click here to enter text.

I may be reached at the following phone number(s): Click here to enter text. or Click here to enter text.

Email address: Click here to enter text.

Parent/guardian will communicate with the ALE administrator changes that occur concerning situations that may impact my student’s ability to learn.

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 Parent Signature DATE

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 Student Signature DATE

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 District Representative DATE