Coweta Academy

Student Contract of Admission

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to abide by the following contract to attend the CHS Coweta Academy (CA):**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent of the above aforementioned student do hereby hold my student accountable for his or her participation in the CHS Coweta Academy (CA) program as parent/or guardian, I agree to attend any discussions or meetings that I am to required.**

**While attending Coweta Academy, I will:**

* Maintain a 90% regular attendance rate so that sufficient credits are completed.
* Be punctual to school.
* I agree to treat my classmates, teachers, staff, parent/guardians and school property with respect at all times.
* Use the computers and Internet in an acceptable manner.
* I agree to **read and follow** the *Student Handbook* and school policies.
* Comply with request of teachers and staff of Coweta Public Schools at all times.
* I agree to take my education seriously and work to my potential while completing a minimum of **3 1/2** credits per semester totaling 7per school year.
* Be an active participate in all group classes and activities.

**During all school activities, including classes, I will not:**

* Use, possess, or be under the influence of drugs/alcohol.
* Be on my cell phone talking, texting, or listening to music during scheduled class time.
* Use violence or threats of violence.
* Possess any type of weapon.
* Use profanity (cursing).
* Prevent others from accomplishing their educational goals.
* Wear clothing that school personnel considers inappropriate. (*If asked to change you will.*)

**Consequences:**

* When a guideline has been violated, I will receive notice and due process.
* My parents/guardians and I understand that if my behavior, language, or overall attitude interfere in the classroom, consequences will result and be determined by CA staff along with CHS administration.
* Potential for probation, disciplinary sanctions and/or dismissal from the CA program if the administration feels I am in violation of any of the stated rules or regulations.
* In the event that I the student do not fulfill my responsibility while at CA, then my contract will be revisited and possible termination of CA privileges could incur.

Coweta Academy

Student Contract-Signatures

**I understand that by signing this contract I am choosing Coweta Academy for my choice as my continued educational placement. This is a privilege and an opportunity to progress my education and I will comply with all rules and regulations. It is my intention to take this opportunity, and by signing I agree with all of the stipulations stated above.  
  
Additional Conditions if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian/Parent initial yes or no:**

**I will allow my student to be taken off campus for school sanctioned trips. \_\_\_\_yes \_\_\_\_no**

**I understand the school is not responsible for anything lost or stolen. \_\_\_\_yes \_\_\_\_no**

**Student initial your choice:**

**After age 18:  I give permission for school officials to make contact with my parent/guardian.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes   Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**