



Summit County Educational Service Center

420 Washington Avenue

Cuyahoga Falls, Ohio 44221

Phone: 330-945-5600 Fax: 330-945-6222

Linda M. Fuline, Superintendent

**Alternative Education Academy
PARENT CONTRACT
2007-2008**

I understand that _____ must:
Student's Name

1. Comply with all of the requirements of the student code of conduct for the _____ school district.
2. Comply with the Student Expectations established for the Alternative Education Academy. (see page 11)
3. Work cooperatively with all Alternative Education Academy staff members and students.
4. Conduct himself/herself in a professional manner consistent with the expectations of employees and staff of the Summit County Educational Service Center.
5. Complete all academic work assigned to them by staff members of the Alternative Education Academy.
6. Be punctual and attend school all days that class is in session understanding that they may be required to make-up missed days.
7. I understand that transportation to the Alternative Education Academy and to a job site, if applicable, is the responsibility of the student or the parent/guardian.

Parent Name

Parent Signature

Date