



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
STUDENT CONTRACT
2007-2008**

1. I agree to comply with all of the requirements of the Student Code of Conduct for the _____ school district.

2. I agree to comply with the Student Expectations established for the Alternative Education Academy. (see page 11)

3. I agree to work cooperatively with all Alternative Education Academy staff members and students.

4. I agree to conduct myself in a professional manner consistent with the expectations of employees and staff of the Summit County Educational Service Center.

5. I agree to complete at least 9 academic lessons per week.
 I agree to complete at least 8 academic lessons per week and 1 work credit per year.

6. I understand that transportation to the Alternative Education Academy and to a job site, if applicable, is the responsibility of me or my parents.

7. I agree to be punctual and to attend all days that class is in session. I understand that I may be required to make-up missed days or lessons at my high school or the Alternative Education Academy.

Student Name

Student Signature

Date