



Contract for Provision of Services

I have indicated with my signature below that I understand that the College Reach-Out Program is a program that stresses academic excellence. The goal of the program is to prepare students to complete high school and enter post-secondary institutions. I understand that my continuation in the program depends on my demonstrated behavior in the program.

I agree that to have a successful program, I must consider the effect of my behavior on others. Therefore, I understand, that I am agreeing to...

- ✓ Follow the directions given by staff members;
- ✓ Demonstrate an attitude of respect toward others at all times;
- ✓ Respect my fellow students by encouraging their success;
- ✓ Keep my hands, feet, and other objects to myself;
- ✓ Complete all work assigned to me;
- ✓ Ask for help without any reluctance when needed;
- ✓ Offer to help others when able to provide help;
- ✓ Work toward reaching my personal goals for achievement without compromising the goals of any other person.

It is my expectation that all staff members in the College Reach-Out Program will respect me. I will be expected to recognize when I have violated any of the principles outlined here and accept responsibility for my actions. I agree to apologize quickly and accept the apology of another that has violated my rights when he or she has worked to remedy the violation.

I understand that if I choose to violate any of the principles outlined her there will be consequences for my actions.

- ◆ The **first** time I choose to violate a rule, a staff member will give me a verbal warning.
- ◆ The **second** time I choose to violate a rule, I will call my parent and inform him/her that I have violated a rule that I have agreed to abide by and I will receive a written warning.
- ◆ The **third** time I choose to violate a rule I risk possible suspension from the program to be determined by the Program Coordinator and/or the Director of the Center of Excellence.

As a parent of a student enrolled in the College Reach-Out Program (CROP), I agree to take steps at home to correct my son/daughter's behavior, and I will work with the staff members cooperatively to help him/her achieve success in the program.

Both parent and student understand that consequences for breaking this agreement may include missing a planned activity, being suspended from the program for a period of time specified by the director, or being asked to postpone participation until the student has gained more maturity.

I understand that the program is an annual program that includes career exploration and parent involvement. As a parent, I agree to participate in parent meetings at least three times per year and voice any concerns I have respectfully to staff members. My expectation is that my concerns will play a part in the direction of the program, and staff members will treat me and my son/daughter with respect at all times. I further understand that it is my responsibility to update any records pertaining to my child with the CROP Office as they occur by calling (352)518-1272 for Pasco County residents or (352)796-6726 ext. 1272 for Hernando County residents.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Mailing Address: _____

_____ City State Zip Code

Contact Telephone #: (____) ____ - ____ [__Home; __Work; __Cell]

Emergency Telephone #: (____) ____ - ____

CROP Staff Member's Signature: _____ Date: _____



CROP

COLLEGE REACH-OUT PROGRAM

Information Release Form

I, the undersigned parent(s) or legal guardian, of _____,

(Please print participant's name)

hereby grant, authorize, and consent to allow the College Reach-Out Program, of Pasco-Hernando Community College, including without limitation teachers, staff, and any other relevant party of the College Reach-Out Program, to have access to the cumulative folder and discipline record of the minor child named above. This information includes, but is not limited to, the current and past GPA, test scores, attendance, and discipline records on the minor child.

I hereby release, discharge, and agree to hold harmless the College Reach-Out Program of Pasco-Hernando Community College, any representative and employee from any liability by virtue of any use whatsoever of said information contained in the cumulative folder and discipline record. I understand that this release is valid for the length of time that the minor child remains in the College Reach-Out Program.

Parent/Guardian Signature: _____

Date: _____