

**Crossroads High School
Parent Cooperation Agreement
for Individual Classes 2016-17**

1. I am choosing to employ Crossroads High School (CHS) to assist in my child's education. However, I understand that I am fully responsible for ensuring the proper education of my child, including all legal responsibilities.
2. I understand that Crossroads High School is accredited by the Classical Latin School Association which provides an external verification and accountability of the academic integrity of our school.
3. I have read CHS's Parent/Student Handbook 2016-17, including mission statement, philosophy, objectives and statement of faith, and I am comfortable having my child taught under this world view.
4. I agree to provide transportation for my child to and from school each day.
5. I understand that my child will have required schoolwork on Tuesdays and Thursdays, as well as possible homework on other days. I take responsibility for providing a suitable time and place for this schoolwork and for supervising my child in the completion that schoolwork. Field trips, holidays, or make-up days due to inclement weather may require the student to meet on an occasional Tuesday, Thursday or Saturday.
6. I agree to pay the fees and tuition cost. I understand fees will not be refunded.
7. I understand I am responsible if my child is absent on a school day and no reimbursement will be given for missed classes. If I know my child will be absent, I can request schoolwork be given for my child during the absence.
8. I understand that physical education classes or service projects may take place at various locations in Tiskilwa, and I give permission for my child to participate in these excursions and to be transported to and from such locations, if necessary.
9. I understand that CHS will maintain a transcript for each course completed by the student there.
10. I understand that as a parent I am responsible for medical costs associated with accidents that happen on campus. I will provide insurance coverage or assurance of payment of medical care for my student.
11. I understand that I have the right to remove my child from CHS at any time for any reason, but tuition I have paid through that month will be forfeited and any additional amount paid will be reimbursed on a monthly, pro-rated basis.
12. I give CHS permission to discipline my child as outlined in the parent handbook.
13. I understand that CHS has the right to dismiss my child at any time if his/her actions or attitudes are detrimental to the other students in the school. In such cases, the administrator and I will work closely together to find resolution and to avoid expulsion if possible.

Student name _____

Parent Signature _____ Date _____

Phone number _____