

SCHOOL PLUS ADVISEMENT, REGISTRATION, ENTRANCE, WITHDRAWAL, AND BEHAVIORAL CONTRACT

I understand that the following conditions will be effective for my Community SCHOOL PLUS class:

1. I understand that **no more than THREE days** absence from each class is allowed. Three tardies are equal to one absence. Anything up to 30 minutes late will be a tardy; after 30 minutes it will be counted as an absence. I understand that I will be **withdrawn upon the fourth absence**. There is an appeal process for absences beyond 3 days.
2. I understand that withdrawal from class will occur for non-attendance or disciplinary action. It is my responsibility to notify my parents/guardian if I am absent or withdrawn from class.
3. I must provide my own transportation to and from all classes.
4. I certify that I have received a copy of the Gwinnett County student handbook. I accept the responsibility for reading the requirements and I understand the consequences for violation of these policies. I expect the procedures that are listed therein to be enforced by the teachers and administrators. I agree to abide by the rules and regulations outlined.
5. It is my responsibility to register for the correct class and to make sure that I have met any prerequisites.
6. I understand the following refund policy: (A) Full Refund for withdrawal a week or longer before the class begins; (B) Nonrefundable fee of \$25 assessed for withdrawal less than a week before class begins; (C) No Refunds after class begins.
7. I agree to pay for any lost textbook.
8. I agree to present my most recent report card and a completed student advisement form before being officially registered.
9. I will pay the required **\$205** tuition before being officially registered.* Checks are made payable to the Community School at which the class is being held.
10. **Credit will be given only for students fulfilling academic and attendance requirements.**

*Out of county fee is \$250 per course

NOTICE: Courses cannot be held unless enough students register. In the event of cancellation, tuition will be refunded.

SCHOOL PLUS REGISTRATION FORM

(enter name of school where the course will be taken)

Student Full Name (print) _____ **Student #** _____
 Home High School _____ Counselor _____ Grade _____
 Course Name _____ Course # _____
 Day(s) class meets _____ Date class begins _____ Times class meets _____
 Address _____ City _____ Zip code _____
 Parent E-mail Address _____ Date of Birth _____
 Home Phone # _____ Parent Cell # _____
 Father/Guardian Name (print) _____ Work # _____
 Mother/Guardian Name (print) _____ Work # _____
 In case of emergency call _____ at phone # _____

I/we agree to the above entrance, withdrawal, and behavioral contract. **(BOTH PARTIES MUST SIGN)**

Student Signature _____ Date _____
 Parent/Legal Guardian Signature _____ Date _____

ADVISEMENT - Courses Needed **(COMPLETED BY HOME SCHOOL COUNSELOR)**

COURSE #	COURSE NAME
_____	_____
_____	_____

_____	_____
School Counselor's Printed Name	School
_____	_____
School Counselor's Signature	Date

**NO SCHOOL PLUS STUDENT WILL BE ALLOWED TO REGISTER WITHOUT SIGNED ADVISEMENT
 PAYMENT **MUST BE PAID TO THE SCHOOL HOSTING THE CLASS****

(circle one): Cash --Receipt # _____ Check# _____

DISTRIBUTION: 1. Host School, 2. Parent/Student, 3. Registering School