Sturgeon High School



A+ SCHOOLS PROGRAM APPLICATION

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to the Sturgeon R-V A+ Schools Program! This program can provide a wonderful opportunity for your son/daughter. The information provided in the Sturgeon High School A+ Handbook should be read and gone over with your son/daughter. If you have any questions regarding the program please contact the A+ Coordinator at Sturgeon High School by calling 573.687.3512.

Enclosed in this application packet are the necessary paperwork/agreements that will need to be read, signed, and returned in order for your son/daughter to be accepted into the A+ Schools Program.

Please take this packet home along with the A+ Handbook to read and review. When all the forms have been signed have your son/daughter return them to the Sturgeon High School A+ Coordinator.

Thank you and we hope that each student will take advantage of this program!

Sturgeon High School



A+ SCHOOLS PROGRAM LETTER OF INTENT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If state funds are available, A+ certified students will receive reimbursement for the cost of tuition and general fees while attending a Missouri public community college or career/technical school on a full-time basis for two years. This financial reimbursement will be for the unpaid balance after federal post-secondary financial assistance funds (that do not require repayment) have been applied. This is also on the condition that the student meets ALL of the requirements below:

1. Be a US Citizen
2. Attend a designated A+ high school for three (3) consecutive years prior to high school graduation (Must apply no later than Nov. 1 of your senior year. Must be enrolled in an A+ school by Sept. 15 of your sophomore year)
3. Graduate from high school with a cumulative grade point average of 2.5 or higher on a 4.0 scale (grades 9-12)
4. Have at least a cumulative 95% attendance record (grades 9-12)
5. Perform and document fifty (50) hours of unpaid tutoring or mentoring coordinated by the Sturgeon HS A+ Coordinator (up to 12.5 hours can include job shadowing experiences)
6. Maintain a record of good citizenship and avoid the unlawful use of drugs and alcohol (not be suspended from school more than once and no Safe School Act Violations, grades 9-12)
7. Earn a score of Proficient of higher on the Algebra I End of Course Assessment (or by alternate assessment determined by the State)

The A+ Schools Program’s student financial incentive will be available for up to two (2) years of attendance during a four-year period after graduation from high school. To access the funds, participants must:

* Submit a Free Application for Financial Student Aid (FAFSA) form during their senior year
* Have registered for the Selective Service (male U.S. citizen age 18 or older)

To maintain eligibility, participants must:

* Attend a Missouri A+ participating public community college or career/technical school on a full-time basis, and
* Maintain a grade point average of 2.5 or higher on a 4.0 scale.

The A+ program may provide these educational incentives 1) provided state funds are appropriated by the legislature or 2) subject to state funding approval.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Current Grade Level \_\_\_\_\_\_\_\_\_\_ Anticipated Graduation Year \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Signing this Letter of Intent indicates that the student and parent/guardian:

1. Are aware of the opportunity afforded by this program
2. Will strive to meet the written requirements listed above
3. Will read, sign, and return all paperwork associated with the A+ Schools Program

□ Yes, I would like to participate in the A+ Schools Program

□ No, I do not wish to participate in the A+ Schools Program

I further understand that my parent/guardian and I must sign this Letter of Intent and the Authorization of Release of Records from the Office of Juvenile Court Services before I will be considered for participation in the A+ Schools Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date A+ Coordinator Signature Date

Sturgeon High School



A+ SCHOOLS PROGRAM CITIZENSHIP AND ATTENDANCE AGREEMENT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All A+ participants and their parent/guardian must read the Citizenship and Attendance Guidelines in the Sturgeon High School A+ Handbook and then sign and return this agreement to the A+ Schools Coordinator at Sturgeon High School.**

*We have read and understand the A+ Schools Program Citizenship and Attendance Guidelines outlined on pages 6 and 7 of the Sturgeon High School A+ Handbook.*

Student Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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Sturgeon High School



A+ SCHOOLS PROGRAM RECEIPT OF HANDBOOK

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*We have been provided a copy (hard or online) and read the Sturgeon High School A+ Handbook.*

Student Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Sturgeon High School



A+ SCHOOLS PROGRAM

AUTHORIZATION FOR RELEASE OF RECORDS

FROM THE OFFICE OF JUVENILE COURT SYSTEM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**It is understood that this Authorization for Release of Records from the Office of Juvenile Court Services must be signed by the applicant and his/her parent or guardian before the applicant will be considered for participation in the A+ Schools Program.**

Please provide the following **student** information:

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Graduation Year \_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

*We hereby authorize the release of all Office of Juvenile Court Services records concerning me/my child to Sturgeon High School to be used in monitoring the good citizenship requirement of the A+ Schools Program.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Note:** The signing and returning of this form with the A+ Program Application is required before the student will be considered for entrance to the program. A copy of this release form will be provided to the Office of Juvenile Court Services by the A+ Office.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Sturgeon High School Principal Date A+ Coordinator Date

Sturgeon High School



A+ SCHOOLS PROGRAM TUTORING AGREEMENT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT SECTION**

As a student enrolled in the A+ Schools Program, I accept responsibility for:

* Spending a minimum of fifty (50) hours tutoring in the Sturgeon RV School District
* Providing a Tutoring Evaluation Form to the A+ Coordinator by the specified dates
* Notifying the supervising teacher and A+ Coordinator when I am unable to attend scheduled tutoring
* Working with a positive attitude and willingly completing assigned tasks
* Treating faculty, staff and students with respect
* Being sensitive to the special needs of all students and respecting the principle of confidentiality
* Following the rules and policies of the Sturgeon RV School District
* Providing or arranging transportation to the Elementary/Middle School

I agree to accept the opportunities and obligations of the A+ Schools Program. I understand I may be dismissed from tutoring for failure to comply with these guidelines. In which case, I would no longer be eligible for the A+ Schools Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

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**PARENT/GUARDIAN SECTION**

As a parent/guardian of a student enrolled in the A+ Schools Program, I understand:

* My child will be tutoring students at one of the schools in the Sturgeon R-V School District before, during or after school, including summer school. Tutoring sessions and cooperating teachers will be assigned through the A+ Coordinator.
* The purpose of the tutoring is to acquaint students with various opportunities in their chosen career path, to provide academic support to the students who are at-risk and to complete a minimum of 50 hours of tutoring for the Missouri A+ Schools Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate in the tutoring/mentoring experience. I understand that my

Student Name

son/daughter may be tutoring/mentoring Sturgeon R-V elementary, middle school, or high school students and that he/she must provide/arrange transportation to the Elementary/Middle School building.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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**SUPERVISING TEACHER SECTION**

As a supervising teacher of a student enrolled in the A+ Schools Program, I accept responsibility for:

* Providing the A+ student with opportunities for DIRECT ACADEMIC INTERACTION with students in an academic setting
* Completing necessary paperwork; Log Sheets and Tutoring Evaluation Forms.
* Reporting concerns to the A+ Coordinator in a timely manner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Teacher Signature Date

Sturgeon High School



A+ SCHOOLS PROGRAM TRANSPORTATION FORM

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be completed and signed by your parent/guardian before you will be allowed to drive off campus to tutor at the Sturgeon Elementary or Middle School. We recommend this form be filled out when they are eligible to drive. It can be left unsigned until that time.**

Please Print

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that I (my child) may be completing tutoring hours at the Sturgeon R-V Elementary or Middle School building and is responsible for providing their own transportation to and from those buildings. I also understand that the Sturgeon RV school district is not responsible for any accidents that may occur when students are driving from building to building.*

**I grant permission for (check all that apply):**

□ My child to drive his/her own vehicle to the Elementary or Middle School building.

□ My child to ride to the Elementary or Middle School building with the following student(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ My child to provide transportation to the Elementary or Middle School building for the following student(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Sturgeon High School



A+ SCHOOLS PROGRAM INELIGBILITY APPEAL FORM

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Students in the A+ Schools Program who feel they have been declared ineligible unfairly may appeal to the A+ Schools Appeals Committee. In cases of appeal, the student and parent/guardian must complete this form and return it to the A+ Coordinator.**

This request is to appeal (check all that apply):

□ Attendance □ Good Citizenship Status

Name of person submitting the appeal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following **student** information:

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Graduation Year \_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a separate sheet of paper with a written explanation as to why you feel you should be eligible for the A+ Schools Program You should address the following points in your explanation as well as documentation.**

**Attendance:**

1. Date(s) of Absence
2. Reasons for Absence/ Type of Documentation Required
	1. Hospitalization or Chronic Condition/Physicians Letter
	2. Catastrophic illness, injury, serious illness/Physicians Letter
	3. Personal-Family calamity (i.e. flood, fire, etc.)/Letter from Parent and School Official
	4. Religious Holiday/Minister-Pastor-Priest-etc. Letter
	5. Court Appearance(s)/Court Documentation-Letter
	6. Funeral/Parent Letter and copy of either death certificate, obituary, or memorial pamphlet
3. Attendance waivers will NOT be granted for the following:
	1. Truancy
	2. Suspension
	3. Routine doctor visits
	4. Personal/family vacations
	5. Dentists/Orthodontist visits
	6. Transportation issues (except for late bus)

**Citizenship**

1. Describe the offense(s) for which you were suspended/arrested.
2. What were your consequences?
3. Have those consequences been served?
4. What will you do and what have you done to avoid being in trouble again? (Give specific examples)

*This appeal must be made within five (5) days of receiving written ineligibility notification from the A+ Coordinator. The A+ Coordinator will convene the Appeals Committee meeting to consider the appeal within ten (10) school days. The committee will hear the appeal and return its decision to the student and parent/guardian in writing within five (5) school days of the meeting.* ***Failure to return an appeal by the deadline will result in your loss of eligibility in the A+ Schools Program.***

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Sturgeon High School



A+ SCHOOLS PROGRAM TUTORING LOG SHEET

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Please submit completed log sheet to the A+ Coordinator on the last school day of each month.)*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_**

**Supervising Teacher(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Description ofTutoring/Mentoring | StartTime | StopTime | TotalTime | Teacher’sSignature |
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 **TOTAL TIME: \_\_\_\_\_\_\_\_\_\_**

Sturgeon High School



A+ SCHOOLS PROGRAM TUTORING/MENTORING EVALUATION FORM

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Grade/Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Quarter 1 □ Quarter 2 □ Quarter 3 □ Quarter 4

Please rate the student on the following qualities using this scale:

**1 = Poor 2 = Average 3 = Outstanding**

**ATTENDANCE:**

Punctuality (Arrived/left at a consistent time) 1 2 3

Notified teacher of absences 1 2 3

**ATTITUDE:**

Follows directions 1 2 3

Displays positive work habits 1 2 3

Courteous and respectful to faculty, staff and students 1 2 3

Enthusiastic about school and tutoring/mentoring 1 2 3

**SOCIAL SKILLS:**

Interacts appropriately with younger students 1 2 3

Does not exceed authority 1 2 3

Is able to listen and understand others 1 2 3

**CHARACTER:**

Exhibits responsibility in the classroom 1 2 3

Exhibits maturity in the classroom 1 2 3

Exhibits self-confidence in the classroom 1 2 3

Is dependable 1 2 3

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**Additional Comments-Strengths, Concerns and Recommendations:**

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Signature of Supervising Teacher Date