

Out of District Crossover Agreement

Name of learner: _____

2016-2017 School Year

We agree that accessing up to **one** conventional school class is the best choice for this learner. The learner has agreed to comply with the requirements of the school and class listed below. This learner cannot be "claimed" as a part/full time student on any district or state report. The Out of District School would not gain any portion of the PPOR for this learner - The Out of District School can only be paid the crossover fee of \$250 per semester.

We understand that learners are not allowed to stay on traditional school campus without prior arrangements agreed to by the school. These arrangements must be documented in writing and on file both at the traditional school and in the learner's CUM file at Vision Charter Academy. The total cost for the semester class will be transferred out of the learner's account at the beginning of each semester. **This agreement is binding.** Should the learner decide to drop the class, the cost for the class will not be refunded.

The learner understands and agrees to inform the traditional school principal in the event that the learner feels threatened or unsafe at the school. The school administration at the traditional school will then follow the protocol in place for the situation at that school. The school administration will provide Vision Charter Academy Registrar with final semester grades/credits. The Registrar will be notified if at any time the school has concerns regarding the learner's attendance, grades and/or behavior.

This form must be completed at the beginning of each semester.

Which crossover school will the learner attend for classes: _____

Grade	Class Title	Teacher's Name	Course & Section Number	Period	Choose Semester
					1 st or 2 nd

Total Crossover fee of \$250.00 to be deduced from the learners VCA funds.

In signing this agreement, I agree to abide by the rules and regulations of the school where I am taking the class. I agree to be respectful of the teachers, staff and authority at the school. I will arrive on time for my class and leave immediately following my class.

Learner Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Consensus Member Signature: _____ Date: _____

Crossover School Authorization: _____ Date: _____

FOR OFFICE USE ONLY

Tracking Doc/PowerSchool Updated	Date:	Initials:
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