**STUDENT AND PARENT[[1]](#footnote-1) CONTRACT**

Please initial each of the following statements to acknowledge that you have read, understand and agree to abide by these policies.

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| --- | --- | --- |
| **Student** | **Parent\*** |  |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I understand that I/my student is expected to behave responsibly and respectfully while on I·School premises. I·School reserves the right to dismiss any student or person who demonstrates unfriendly, hostile, or disrespectful behavior.  |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I have received a copy of the List of Expectations. I understand and agree that it is my/my student’s responsibility to read the list and to abide by the rules, policies and standards it sets forth. I understand that the school reserves the right to dismiss any student who fails to comply with the established policies. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I understand that the parent, student and teacher are partners in the student’s education. I will encourage and support my/my student’s teacher and apprise him or her of any areas of concern, and before discussing the problem with others. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | The student and parent(s) acknowledge full disclosure of all pertinent information relating to the student’s academic, behavioral, legal and medical history, and understand that any omission of such information may adversely affect student success and/or result in the student’s dismissal from school. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I understand that I·School programs are mastery-based, and that enrollment in an I·School course does not guarantee that the student will receive his or her desired grade. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I understand that cheating and plagiarism, as outlined in the Washoe County School District Accepted Practice Plagiarism and Cheating Policy[[2]](#footnote-2), will not be tolerated. In addition, I understand that using the Internet to complete work (when not specifically required as a part of the lesson) is not acceptable. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I·School is a drug free workplace. I understand that if a student is suspected of drug use, he or she will be placed on academic probation until a proper determination can be assessed by I·School staff in cooperation with the parent(s). |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | I understand that I·School premises are monitored by security cameras to ensure the safety and security of all students and staff. |
| \_\_\_\_\_\_ | \_\_\_\_\_\_ | Photographs will be taken throughout the year for hanging on the wall at school, the website, graduation ceremonies, fundraising events, and marketing purposes. I consent to the photography of the student for use as outlined above. |
|  | \_\_\_\_\_\_\* | I give permission for the student to take part in all school activities and school sponsored trips away from school premises, and to be transported in I·School vehicles.  |
|  | \_\_\_\_\_\_\* | I understand that in the rare circumstance that an I·School staff member tutors a student in the student’s home, a parent must be present for the duration of the tutoring session, and the session must take place in a location that remains visible to the parent at all times. |
|  | \_\_\_\_\_\_\* | I acknowledge that activities during field trips have inherent risks. I voluntarily release and agree to indemnify and hold harmless I·School and its staff from any and all claims, demands, or causes of action, which are in any way connected with participation in all trips. |
|  | \_\_\_\_\_\_\* | I understand that I·School is not responsible for the student when the student is not on I·School premises. |

*This Agreement shall be construed in accordance with and governed by the laws of the State of Nevada. Parents irrevocably submit to the jurisdiction of any Nevada State or Unite States Federal Court sitting in the State of Nevada, and to the venue of Washoe County, Nevada. This Agreement may not be modified by any party unless the modification is in writing and signed by all parties.*

Student Signature Date

Parent Signature\* Date

Kathryn E. Kelly, DrPH, MEd, Executive Director, I·School Date

1. If student is under age 18. [↑](#footnote-ref-1)
2. http://www.washoecountyschools.net/csi/pdf\_files/AP-1040%20PLAGIARISM%20AND%20CHEATING%20POLICY%20(ES,%20MS,%20HS).pdf [↑](#footnote-ref-2)