

**MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
PRE-ADVANCED PLACEMENT CLASS AGREEMENT**

Student's Name _____
Social Security # _____

Campus _____
Current Grade Level _____

Pre-AP courses equip all middle and high school students in active high level learning, thereby ensuring that they develop the skills, habits of mind, and concepts needed to succeed in college. Students will be expected to:

- *learn, analyze, synthesize, and manipulate knowledge and skills;
- *think critically;
- *budget time effectively and efficiently;
- *develop successful study skills;
- *develop advanced vocabulary; and
- *commit to a contract supporting the Pre-AP courses and expectations.

Pre-AP Courses Selected

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

FOR EACH PRE-AP COURSE SELECTED: Parents and students are to be familiar with the course description and the exit policy before signing this contract. Students are to conference with a Pre- AP teacher in that content area regarding the rigor required for successful course completion.

EXIT POLICY

At the end of the 1st six weeks: 1) The student may drop/change his/her course selection, 2) If the student is struggling, failing, or otherwise failing to meet stated expectations, he/she will be placed in a more appropriate setting. After the 1st six weeks, no other change in the course selection will be made until the end of the semester.

STUDENT AND PARENT/GUARDIAN RESPONSIBILITIES

STUDENT: I agree to organize my time and efforts to be successful in the above-named Pre-AP course/s. I will notify my teacher immediately if I fall behind in class readings, essays, or other assignments.

ETHICS OATH

I pledge that all work, papers, notes, projects, and test answers are the result of my own efforts. I promise that I will not give or receive any questions and/or answers to tests, use someone else's old notebook, or plagiarize in any fashion. I will comply with district policy, adhere to the guidelines of my instructor, and accept the consequences of unethical behavior.

Student's Signature: _____ **Date:** _____

PARENT/GUARDIAN: I have read the course agreement and understand the requirements for the course/s selected above and the exit policy. I will help my child organize his/her study time in support of class assignments. I will notify the teacher immediately of any concerns that I have relating to the Pre-AP course/s or my child's progress.

Parent's/Guardian's Signature: _____ **Date:** _____