



Georgia Department of Early Care and Learning

Summer Transition Program 2018 Agreement Form

I, _____ am committed to being involved in the education of
(Parent/Guardian Name)

my child, _____. I understand the need and benefits of my
(Child's Name)
participation in the Summer Transition Program.

Therefore, I agree to:

- Send my child to school each day for all instructional days (29 total days)
- Send my child to school on time each day.
- Be available for regular home/school visits with the Transition Coach and/or the teachers as needed.
- Participate in parent/teacher conferences as needed
- Provide all required documentation for enrolling in STP

I realize the importance of family involvement in my child's education process. I understand that I must comply with each of the above listed requirements in order for my child to remain in the program.

Signature of Parent/Guardian

Date