Summer Transition Program
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

☐ Participate in family engagement activities offered each week

☐ 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