

Fulton City School District
Alternative Education Program at G. Ray Bodley High School
Fulton, NY 13069

I, _____ am a student in the Fulton City School District Alternative Education Program at G. Ray Bodley High School. As a student in this program, I have read and agree to the following terms and expectations:

- I will come to school on time based on my individually assigned program.
- I will sign in and sign out each day on the "Alternative Education Sign In".
- I will attend all scheduled classes to which I am assigned.
- I will remain in my assigned area at all times.
- I will be escorted by an adult to locations outside of the Alternative Education Wing if directed.
- I will be respectful and kind to everyone.
- I will be responsible for all of my academics by completing work on time with effort.
- I will be safe in all of my actions. I will use school and career appropriate language at all times.
- I will refrain from using personal electronic devices during instructional time.
- I will keep my parents/guardians informed of my academic progress, issues and news in order to help them help me and support my goals and achievements.

I understand that I am required to adhere to the STUDENT CODE OF CONDUCT set forth by the Fulton City School District and the G. Ray Bodley High School Behavior Matrix. A copy of each has been provided to me and reviewed with me and my parents/guardians.

I further understand the Fulton City School District Attendance/Excuse policy which requires me to attend school at least 90% of the time. I am required to submit a valid excuse per attendance regulations within 10 days of my absence(s) or it will be considered an unexcused absence. If I acquire 15 or more unexcused absences throughout the school year, I will lose eligibility to attend such school functions as the Junior Prom, Senior Dinner Dance, field trip opportunities, and the senior trip.

If I meet the expectations of this contract, I will be eligible for appropriate acknowledgments and privileges, but most importantly, I will be working towards achieving my educational and college/career goals.

If I do not honor this contract, I understand I will have to face consequences for my actions. These may include, but are not limited to:

- Conference with staff member
- Phone call or meeting with parent/guardian
- Removal from class for a specified period of time
- Suspension from school
- Change in my educational program

The staff of the Alternative Education Program gives me their full support in helping me to meet the expectations of this program, as well as to achieve my goals.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Alt. Ed. Coordinator Signature: _____ Date: _____