

## In-District Crossover Agreement

Name of learner: \_\_\_\_\_

2019-2020 School Year

We agree that accessing up to **three** conventional school classes is the best choice for this learner. The learner has agreed to comply with the requirements of the school and classes listed below. The cost per class is \$250 per semester (additional fees apply for college level classes). We agree that if the classes registered for are not in consecutive order, we will pick our student up between classes or have a written agreement with the proper traditional school official that would allow the learner to be on campus between two classes. We understand that students are not allowed to stay on traditional school campus without prior arrangements – agreed to by the school. These arrangements must be documented in writing and on file both at the traditional school and in the learner’s CUM file at Vision Charter Academy. The total cost for all classes for the semester will be transferred out of the learner’s account at the beginning of each semester. **This agreement is binding.** Should the learner decide to drop the class, the cost for the class per semester will not be refunded.

The learner understands and agrees to inform the traditional school principal in the event that the learner feels threatened or unsafe at the school. The school administration at the traditional school will then follow the protocol in place for the situation at that school.

**This form must be completed at the beginning of each semester.**

**Which crossover school will the learner attend for classes:** \_\_\_\_\_

Grade	Class Title	Teacher’s Name	Course/Section Number	Period	Indicate Semester
					1 <sup>st</sup> or 2 <sup>nd</sup>
					1 <sup>st</sup> or 2 <sup>nd</sup>
					1 <sup>st</sup> or 2 <sup>nd</sup>

The cost per class is \$250 per semester (additional fees may apply for college level classes).

**Total Crossover fee of \$\_\_\_\_\_ to be paid.**

**In signing this agreement, I agree to abide by the rules and regulations of the school where I am taking classes. I agree to be respectful of the teachers, staff and authority at the school. I will arrive on time for my class(es) and leave immediately following my class(es).**

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consensus Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Crossover School Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Tracking Doc/PowerSchool Updated	Date:	Initials:
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