

In-District Crossover Agreement

Name of Learner: _____ Current 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. 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 at the Delta VISION office. 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.**

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.

Does the Learner currently have an IEP with Special Services? Yes _____ No _____

Learner’s age: _____ (must be 14 years of age to attend high school - or have special permission)

Please indicate the location of classes:

_____ DMS _____ DHS _____ HMS _____ HHS _____ CMS _____ CHS

Grade	Class Title	Teacher’s Name	Course & Section Number	Period	Amount/Semester
					\$250/
					\$250/
					\$250/

Total Crossover fee to be deducted from Learners DVHCP funds \$ _____

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: _____

Resource Consultant Signature: _____ Date: _____

DMS/DHS/HMS/HHS
CMS/CHS Authorization: _____ Date: _____

Original: Data Administrator File

Copies: Learner Home File

FOR OFFICE USE ONLY

PowerSchool Updated	Date:	Initials:
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