

## Out of District Crossover Agreement

Name of Learner: \_\_\_\_\_ Current School Year: \_\_\_\_\_

We agree that accessing up to **one** conventional school class is the best choice for this Learner. The Learner has agreed to comply with the requirements of the school and class listed below. This learner cannot be "claimed" as a part/full time student on any district or state report. The Out of District School would not gain any portion of the PPOR for this learner - The Out of District School can only be paid the crossover fee of \$250 per semester.

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 the Delta VISION office. The total cost for the semester class 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 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. The school administration will provide Delta Vision HCP's Registrar with final semester grades. The Registrar will be notified if at any time the school has concerns regarding the Learner's attendance, grades and/or behavior.

**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:**

\_\_\_\_\_MHS    \_\_\_\_\_MMS    \_\_\_\_\_OHS    \_\_\_\_\_OMS    Other\_\_\_\_\_

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

*Total Crossover fee of \$250.00 to be deducted from the 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 and leave immediately following my class.**

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

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

Resource Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Administration Authorization: \_\_\_\_\_ Date: \_\_\_\_\_