

Nooksack Valley High School: Pioneer Achievement Day

Off Campus Agreement Form

Student's Name: _____ Graduation Year: _____

Student, parent/guardian should review and discuss the following information. Please sign and return to Mrs. Veening or the Counseling Hub.

Student Responsibilities:

- Realize that I am under the jurisdiction of the school throughout my total learning experience.
- Strive to successfully complete learning tasks/objectives agreed upon.
- Maintain positive relationship with supporting teacher- possible 3+ check-ins of progress and contributions where mentoring.
- Maintain regular and prompt attendance at school and the off campus site.
- Know that I am not permitted to participate in off-campus experiences when I am absent from school.
- Maintain proper personal appearance requirements of the assigned community agency or work site.
- Understand there is an inherent risk in participating in off-site activities, and agree to hold harmless both the school district and employer/community agency for any accidents or injuries occurring during the placement.

I fully understand the above statements, and agree to cooperate in carrying them out. I understand that any violation of any part of the above agreement may result in my being dropped from the program at the direction of the instructor/coordinator.

Signed: _____ Date: _____

(Student)

Parent/Guardian Responsibilities:

- Make every effort to arrange for adequate time, transportation, and assistance to the student to fulfill his/her obligations to the school and the community partner.
- Be responsible for the dress, conduct, and insurance (both auto & health-accident) for student(s).

- Understand there is an inherent risk in participating in off campus activities and agree to hold harmless both the school district and the employer for any accidents or injuries occurring during the placement. Parents are advised to discuss their concerns about possible risks with their child. (Please ensure your student has adequate insurance coverage.)

I have read and understand the above agreement my son/daughter has signed. I will assist in helping my son/daughter live up to the terms of this agreement. I will take no action, legal or otherwise, against the school district, instructors, or business organizations involved in providing this education and training opportunity for my son/daughter.

Signed: _____ Date: _____
(Parent/Guardian)

____ I give permission for _____ to ride/drive with _____ for an off campus activity.
(initial) (circle one)

The Whatcom County Consortium of Schools complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, religion, sex, or handicap. Publication of this policy is in accordance with state and federal laws including Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and RCW 28A. 640.

Sign this agreement form and return to Mrs. Veening or the Counseling Hub.