

Please sign and return this signature page, stating that you understand, and agree to the terms of this document.

We have read, understand, and agree to the terms of, **“Things You Need to Know.”** Any violation of the terms can result in removal from the SOAR program.

_____	_____	_____
Student Name (Print) AND SOAR ID#	Student Signature	Date

_____	_____	_____
Parent Name (Print)	Parent Signature	Date

Please return to your SOAR AVID Teacher by the assigned due date.