



WILDWOOD CREST SCHOOL DISTRICT

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David J. Del Conte, Jr., Superintendent

Please recognize that by signing and returning this Compact, you confirm your child's participation in academic support services.

Parent/Guardian Name (please print)

Student Name (please print)

Student Goals:

- I will attend school regularly and be on time.
- I will do my best in class and on my schoolwork.
- I will ask for help when I don't understand something.
- I will come prepared each day (supplies, books, completed work).
- I will keep a positive attitude towards self, others, school, and learning.
- I will discuss with my parents what I am learning in school.
- I will read often at home.

Student Signature: _____ **Grade:** _____

Parent Goals:

- I will ensure that my child attends school regularly and is on time.
- I will provide enough time and an environment at home that allows my child to complete schoolwork and/or study at home.
- I will encourage my child to do his/her best work.
- I will be aware of my child's progress by attending conferences and requested meetings, monitoring homework, checking schoolwork, and communicating with school staff.
- I will reinforce to my child the importance of respect for self and others.

Parent Signature: _____ **Date:** _____

Teacher Goals:

- I will be a positive role model.
- I will provide a positive learning environment that builds self-esteem and academic knowledge where students can be successful.

- I will maintain high expectations for the students and myself.
- I will communicate and work with families to support student learning.
- I will show respect to parents, students and family situations.
- I will encourage good reading habits and study skills.

Teacher Signature: _____ **Date:** _____