



# Cape Henlopen School District

## School Choice Behavior Contract

**This contract must be signed and returned to the Cape Henlopen School District Office, Attn: Kristi Marsh, 1270 Kings Highway, Lewes, DE 19958, within ten (10) business days. An unsigned contract voids School Choice.**

Thank you for providing my child \_\_\_\_\_, the opportunity to attend \_\_\_\_\_ School as a School Choice student.

I am aware that my child's right to attend your school is subject to comply with your school's Student Code of Conduct, including attendance policies. I agree this contract may be terminated when any of the following occur:

- Five (5) unexcused tardies to school
- Five (5) unexcused absences
- Multiple violations of, or one or more serious violations of, the District's Student Code of Conduct
- Three (3) occasions of morning drop-off and/or afternoon pick-up outside of the school's published student drop-off and pick-up times.

I expect you to promptly convey any concerns about inappropriate behavior that may lead to termination of this contract.

Futhermore, I agree my child shall return to his/her school district of residence if the Student Code of Conduct is violated, as specified above, and the boards of both the Cape Henlopen School District and district of residence agree.

Thank you,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

School/District of Residence: \_\_\_\_\_