Alexandria City Public Schools

Individual Student Alternative Education Plan (ISAEP) Program
Parent/Guardian Consent Form

I, the parent/guardian of _____, hereby give my full consent for my student to participate in the Individual Student Alternative Education Plan (ISAEP) Program at the Adult Learning Center located at 1340 Braddock Place, 7th Floor, Alexandria, VA. I, hereby, understand the following in regards to my child's participation.

1. I understand my child's participation in the ISAEP Program is voluntary. _____ ***(initial)***
2. I understand my child will be withdrawn from Alexandria City High School and enrolled in the ISAEP/GED Program at the Adult Learning Center. _____ ***(initial)***
3. I understand my child will work toward earning the GED High School Equivalent Certificate. _____ ***(initial)***
4. I understand that under compulsory education laws, my child is required to attend classes at least 20 hours per week. _____ ***(initial)***
5. I understand ACPS will provide a Dash pass for transportation to the Adult Learning Center. _____ ***(initial)***

_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date

_____	_____	_____
Principal, Alexandria City H.S. **or** Director, Office of Alternative Programs and Equity	Administrator Signature	Date