

Grade: _____ Student First Name: _____ Student Last Name: _____



Olympian High School Choices (NPL) Contract

This form is designed for every parent/guardian/caregiver of an Olympian High School student to fill out alongside their student. Breaking the choices rules will prohibit the student from participating in school events including, but not limited to, sports, dances, and assemblies.

Please read and then put your initials in space that says "INT".

Student ID: _____ Phone Number: _____ Date of Birth: _____

Parent/Legal Guardian/Caregiver Information

I verify that I am the legal custodial parent/legal guardian/legal caregiver of the student listed above. INT. _____

Name: _____ Phone Number: _____ Email: _____

Non-Privileged List

This section describes **how Olympian students appear on the Non-Privileged List**. There is an additional section following this one that will explain **how to get off of the Non-Privileged List**.

Our expectation and desire is for students to understand that their choices and actions AT SCHOOL are intertwined with the **EVENTS AND PRIVILEGES** given in high school. Therefore, while we want students to learn life-long lessons on the CONSEQUENCES of negative behavior. We want EACH student to have **fun and positive memories** of high school, while also **working hard in the classroom** and **being good citizens**. Thank you!

- ❖ The NPL has been created in order to ensure that students are doing their part to be successful in school. INT. _____
- ❖ I understand if my student is on the NPL, they may not be allowed to participate in student activities. INT. _____
 - I understand that Student Activities include, but are not limited to: dances, athletic contests, assemblies, movie nights, festivals, nominations to royalty courts, field trips, and all senior activities. INT. _____
- ❖ I understand that my student will appear on the NPL when they have 18 or more period unexcused absences INT. _____
 - I understand that missing class periods still contributes to absences (even if it was not a "whole day") and my student's name may appear on the Non-Privileged List. INT. _____
 - I understand that my student will appear on the Non-Privileged List if they have more than 6 tardies. INT. _____
 - I understand that if my student is absent, I must call the school to report each day's absence. INT. _____
 - I understand that I have 30 calendar days to clear my students' absence before it defaults to being unexcused absence. INT. _____
- ❖ I understand that my student is responsible for making up any missed work and turning it into the teacher within the time allotted by the teacher. INT. _____
- ❖ I understand and agree that if my student has more than 2 D's or F's in scholarship AND/OR citizenship, or a combination of scholarship and citizenship, they will appear on the Non-Privileged List. INT. _____
- ❖ I understand that if my student receives **any disciplinary action** due to disrespect, referrals, fights, theft, vandalism, possessing or selling of anything illegal according to Ed Code and State Law, or any other offense at the Administration's discretion, they may appear on the Non-Privileged List. INT. _____

- ❖ I understand that my **student's behavior** at **Student Activities** may inhibit their attendance at additional Student Activities, per Administration discretion. **INT.**_____
- ❖ I understand that **I may be called upon to come to the school in order to meet** with teachers, counselors, or administration in order to **help my student restore their status** and **attend student activities**, and **failure** to do so may **inhibit their attendance** from Student Activities. **INT.**_____

RESTORATION

This section describes the ways in which we work with your students in order to help them get off the Non-Privileged List!

- ❖ I understand and agree that my student is allowed to **clear an absence by attending Saturday School**, and that they may attend as many Saturday School sessions as offered in order to have their name removed from the NPL. **INT.**_____
- ❖ I understand and agree that **Saturday School is to clear absences first**. Once absences are cleared, students may have **tardies cleared**. **INT.**_____
- ❖ I understand and agree that Saturday School is 4 hours and that **arriving after the start time and/or leaving before the dismissal time will null and void my student's attendance for Saturday School**, in turn, negating my student having their absence cleared. **INT.**_____

PURCHASES FROM ASB

- ❖ I understand and agree that all purchases in the ASB are final. **INT.**_____
 - I understand and agree that any and all deposits toward student activities are non-refundable. **INT.**_____
 - I understand and agree that any and all payments toward student activities are non-refundable. **INT.**_____
 - I understand if my student's name is on the Non-Privileged List List, they may not attend the Student Activity, even if it is fully paid for. **INT.**_____
- ❖ I understand and agree that all payments, deposits, and completed transactions for student activities are null and void if my student is ineligible to attend the activity based upon the "Non-Privileged List". **INT.**_____

FINAL REMINDERS

- ❖ I understand that the Non-Privileged List is updated bi-weekly, and up until the day prior to Student Activities. **INT.**_____
- ❖ I understand that the school provides **multiple opportunities** for my student to **restore their status and be removed from the Non-Privileged List**, and that not clearing and restoring their status is my student's choice. **INT.**_____
- ❖ I am committed to being a team member and partner in my child's high school experience. I will do this by working together with the Olympian High School Staff. **INT.**_____

SIGNATURE Please type your name in the appropriate spot in order to complete the form.

Student signature: _____

Parent/guardian/caregiver signature: _____

If you have any questions, contact Josue Villegas, Assistant Principal of Student Activities:
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