

# Out of District Crossover Agreement

Name of Learner: \_\_\_\_\_ Current School Year: \_\_\_\_\_

We agree that accessing one traditional school class is the best choice for this Learner. The Learner has agreed to comply with the requirements of the school and class listed below. We understand that students are not allowed to stay on traditional school campus without prior arrangements – agreed to by the school. These arrangements must be documented in writing on file both at the traditional school and in the Learner’s CUM file at the Surface Creek HCP Vision HCP Office. The cost of the class (\$250.00/semester) will be transferred out of the Learner’s account at the beginning of each semester. This agreement is binding. Should the Learner decide to drop the class, the cost for the class per semester will not be refunded.

This form must be completed at the beginning of each semester.

Does the Learner currently have an IEP with Special Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Learner’s age: \_\_\_\_\_ (must be 14 years of age to attend high school – or have special permission)

Please indicate the location of class:

\_\_\_\_\_ Montrose HS    \_\_\_\_\_ Montrose MS    \_\_\_\_\_ Olathe HS    \_\_\_\_\_ Olathe MS

| Grade | Class Title | Teacher’s Name | Course & Section # | Period | Amount/<br>Semester |
|-------|-------------|----------------|--------------------|--------|---------------------|
|       |             |                |                    |        | \$250.00            |

In signing this agreement, I agree to abide by the rules and regulations of the school where I am taking the class. I agree to be respectful of the teachers, staff and authority at the school. I will arrive on time for my class and leave immediately following my class, unless prior arrangements have been made as stated above.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Routing:

Traditional School

Surface Creek Vision HCP Office Fax: 856 – 6197

**FOR OFFICE USE ONLY**

|                     |       |           |
|---------------------|-------|-----------|
| Powerschool Updated | Date: | Initials: |
|---------------------|-------|-----------|