**Summer Programs Contract

*Scholar Understanding***

**\_\_\_\_\_\_\_\_\_\_** I understand that Summer Programs are a graduation requirement.
**Scholar’s Initials** I understand that I need to successfully complete a Summer Program that
 has been pre-approved by the College Office.

**\_\_\_\_\_\_\_\_\_\_** I understand that if I do not successfully complete my summer program, I
**Scholar’s Initials** will not be promoted to the next grade.

**\_\_\_\_\_\_\_\_\_\_** I understand that if I receive financial support from AF Amistad High School
**Scholar’s Initials** to fund my summer program, I am responsible for successfully completing
 that program and returning to AF AHS in the Fall of 2012 as a full time
 student. If I do not, I will have to reimburse the amount of my scholarship to AF AHS.

**\_\_\_\_\_\_\_\_\_\_** If I do not show up for my program, am dismissed or do not complete the
**Scholar’s Initials** program, I have compromised a valuable partnership for AF AHS. I
 understand that my family and I will forfeit any payment that we contributed toward the
 tuition and that we will also be responsible for any financial contribution from AF AHS.

**\_\_\_\_\_\_\_\_\_\_** If I wish to pursue a summer program on my own, I understand that I have
**Scholar’s Initials** to reach out to the Summer Programs Department to receive approval.
 Without approval, I understand that my program may not count.

***Parent/Guardian Understanding*\_\_\_\_\_\_\_\_\_\_** I understand all of the agreements above that my scholar has committed to.
**Parent/Guardian Initials**

**\_\_\_\_\_\_\_\_\_\_** I understand that families are responsible for transportation to and from
**Parent/Guardian Initials** summer programs.

**\_\_\_\_\_\_\_\_\_\_** Families are responsible for all costs not associated with tuition.
**Parent/Guardian Initials\_\_\_\_\_\_\_\_\_\_** If I have a question, I will reach out to Ms. Holland @ 203.200.8955 or
**Parent/Guardian Initials** maryannholland@achievementfirst.org.

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**Scholar’s Signature Date**

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**Parent/Guardian’s Signature Date**