



# Crosby Scholars

For college. For life.

## Partnership Agreement: Scholar's Responsibilities

*As a voluntary participant of the Crosby Scholars Program I will:*

- Make my education a priority in my life by striving to maintain least a 2.0 GPA, completing high school, and enrolling in college or another post-secondary institution
- Contribute to a cooperative school environment by being courteous, considerate, and respectful toward teachers, school officials, adults, and fellow classmates
- Utilize academic assistance provided by my parents, my school, the community, and the Crosby Scholars Program
- Develop my leadership skills through active involvement in my school and the community
- Come to school prepared to learn, strive for perfect attendance and avoid unexcused absences
- Not participate in any form of bullying – verbal, physical or cyber bullying
- Obey the law and refuse to make, sell, use, distribute, or possess illegal drugs

*[\*High School Participants: As a voluntary participant in the Crosby Scholars High School Program, I agree to submit to random drug testing at my school. I understand that if I test positive, I will participate in the recommended assessment and treatment. If I test positive and choose not to participate in the recommended assessment and treatment, I have made a conscious decision to discontinue my participation in the Crosby Scholars Program. I authorize the release of my decision about remaining a program participant to the director of the Crosby Scholars Program.]*

*I fully commit myself to the overall objectives and requirements of this Partnership Agreement. I also give permission for my school to release my transcript, test scores, and student record to the Crosby Scholars Program, and I understand that the following requirements must be met for completion of the Crosby Scholars Program each school year. Failure to fulfill any of these requirements will result in my dismissal from the Crosby Scholars Program.*

- **Attend one Crosby Scholar Academy each school year**
- **Complete and document a minimum of two hours of community service each school year by submitting a Crosby Scholars community service form by the published turn-in date. (The Program recommends high school students complete five hours of service but requires only two hours.)**
- **Follow school rules and not be placed on out-of-school suspension**
- **Meet other mandatory requirements as assigned by grade level**

Scholar's name: (please print) \_\_\_\_\_

Scholar's signature: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*This agreement is effective as long as you remain an active participant in the Crosby Scholars program. If for any reason you are dismissed from the program or decide not to participate, you must submit a new Partnership Agreement to be readmitted to the program.*

## Partnership Agreement: Parent/Guardian Responsibilities

*As a parent/guardian of a Scholar enrolled in the Crosby Scholars Program, I realize that it is my responsibility to:*

- See that my Scholar is adequately prepared for school each day
- Provide security, values, and discipline
- Review my Scholar's school work and activities regularly
- Encourage my Scholar to achieve perfect attendance and avoid unexcused absences
- Insist that my Scholar be courteous, considerate, and respectful
- Provide my Scholar with a place to study
- Follow my Scholar's academic progress and meet with school personnel during the school year as needed
- Make a special effort to attend school functions
- Make sure that my Scholar's extra-curricular activities and/or after-school employment does not interfere with academic performance
- Insist that my Scholar remain drug free and not make, sell, distribute, or possess illegal drugs
- See that my Scholar completes all program requirements each year as outlined in the Student Partnership Agreement

*As the parent/guardian of a participant in the Crosby Scholars Program, I fully understand the overall objectives and requirements of the Partnership Agreement and commit myself to the responsibilities as stated above. I understand that participation in the **High School** Crosby Scholars program includes random selection for drug testing. I also give permission for my student's school to release his/her transcript and student records to the Crosby Scholars Program. I grant permission for photos of my student taken during Crosby activities to be used by the Program for the purposes of illustrating, publicizing or advertising the Crosby Scholars Program.*

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Scholar: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Name: (please print) \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

*This agreement is effective as long as your Scholar remains an active participant in the Crosby Scholars program. If for any reason your Scholar is dismissed from the program or decide not to participate, he/she must submit a new Partnership Agreement to be readmitted to the program.*