

Graduation Year _____

A+ PARTICIPATION AGREEMENT

NAME _____

ADDRESS _____

HOME PHONE () _____ DATE OF BIRTH ____ / ____ / ____ GENDER _____

SOCIAL SECURITY _____ STUDENT ID _____
(REQUIRED)

I wish to participate in the **Smithville R-2 School District A+ Program**. My signature indicates that I understand that state payments for tuition and general fees are subject to state budgeting processes and are dependent upon the availability and appropriation of funds by the Missouri General Assembly.

I agree to:

01. Attend a designated A+ school for three consecutive years prior to graduation.
02. Graduate with a minimum, cumulative, unrounded GPA of 2.5.
03. Graduate with a minimum, cumulative attendance rate of 95%.
04. Maintain a record of good citizenship at school and in the community.
05. Avoid the use of illegal drugs, alcohol and tobacco.
06. Perform a minimum total of 50 hours of unpaid tutoring.
07. Complete and document the submission of FAFSA during the spring of my senior year.
08. Register with selective service if required to do so by law.
09. Meet all local A+ deadlines by submitting all required documentation.
10. Class of 2015 and beyond: Must score proficient or advanced on the state level Algebra I End of Course Exam. (If Algebra 1 is not met then ACT Math Subscore of 17, or Compass Pre-Algebra score of 43, or Compass Algebra score of 1). These scores subject to change every year.

To maintain A+ eligibility in college, I understand that:

01. I must be registered as a full-time student as defined by the college.
02. I must be working toward the completion of an approved program of study.
03. I must maintain a cumulative, minimum, unrounded GPA of 2.5.

Signatures indicate that the participant and his or her parent/guardian understand the A+ Schools Program requirements as printed on this document.

Participant Signature

Parent/Guardian Signature

Date: _____