Dear LEAP parents,

Please complete and sign the following form as acknowledgement that you have received, read and committed to your parent partnership with LEAP Academy University Charter School as stated in the LEAP Parents Academy Partnership Contract and the LEAP School-Parent Compact.

**LEAP Parents Academy Partnership Contract – 2017-2018**

I have made a personal decision to enroll my child at the LEAP Academy University Charter School (LEAP) in order to provide him/her with unique educational opportunity; Whereas, my desire and decision to enroll my child at LEAP is based upon my desire to become an active partner in the education of my child.

**SCHOOL-PARENT COMPACT – 2017-2018**

The LEAP Academy University Charter School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents and the entire school staff will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards. This school-parent compact is in effect during school year 2017-2018.

I/We ________________________, ________________, the parent(s)/ guardians(s) of:

Student Name ____________________________________________________________________________ Grade ______

Student Name ____________________________________________________________________________ Grade ______

Student Name ____________________________________________________________________________ Grade ______

Student Name ____________________________________________________________________________ Grade ______

Signature of Parent/ Guardian ____________________________________________________________ Date

__________________________________________ __________
Signature of Parent/ Guardian Date