

**VALLEY OAKS SCHOOL
ACADEMIC PROBATION AGREEMENT**

NAME: _____

DATE _____

I understand that I am being placed on academic probation because my previous performance has indicated that independent study may be an inappropriate placement for me. This may be due to either quality of work done or quantity.

To continue my enrollment at Valley Oaks:

- I will submit at least ____ hours of work products each week for my core/academic classes at Valley Oaks, this does not include work done for Work Experience, or other non-academic classes.
- If I fall below the required hours of work products for 2 consecutive weeks, or 2 separate weeks in a 4-week period, I may be dropped from Valley Oaks with no further warnings, and I must then register in another school immediately if I am under age 18.
- If I am ill, my work is to be delivered to Valley Oaks within 24 hours of my appointment, unless I have made other arrangements with my teacher(s).
- In an effort to increase communication. Please list here your parent's email address and the best direct telephone number. This will allow for a prompt connection between parent(s) and teachers.

Parent's email: _____

Telephone number: _____

Our plan to support student at Valley Oaks

- Other support options:

() Each week, I will photocopy my attendance card and take it home to my parents.

Student signature _____ date: _____

Parent signature: _____ date: _____

Teacher signature: _____ date: _____

Principal signature: _____ date: _____