



Isaac G. Joseph  
SUPERINTENDENT

STUDENT SUPPORT UNIT  
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

501 MANHATTAN BOULEVARD  
HARVEY, LOUISIANA 70058-4495  
(504) 349-7901

Denise Carpenter  
Chief Student Support Officer

ALTERNATIVE SCHOOL/PROGRAM CONTRACT

Date: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_ Student's Current Grade Level: \_\_\_\_\_

The purpose of this program is to allow expelled students the opportunity to acquire Carnegie units toward graduation during the year in which they are expelled. Expelled students will attend classes after the regular school hours for 3 1/2 hours each day Monday through Friday in a computer lab setting participating in PLATO Learning Credit Recovery Program. Students will have to successfully complete the computer-based course approved by the Louisiana Department of Education to receive Carnegie credit. The courses will be directed and facilitated by a certified teacher.

While this program is designed to assist students to continue their education, both student and parent/guardian fully understand that, the first violation of Louisiana Revised Statutes 17:416 and 17:416.1 and all School Board policies may result in removal of the student from the Alternative Program.

I agree to participate in the Alternative School Program for credit recovery and will report to

\_\_\_\_\_ at \_\_\_\_\_ School on \_\_\_\_\_ Date at \_\_\_\_\_ Time PM.

All transportation to and from the alternative program shall be the responsibility of the student's parent/guardian.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Hearing Officer \_\_\_\_\_ Date \_\_\_\_\_

PARENTAL CONSENT TO REFUSE ALTERNATIVE SERVICES

According to Louisiana State Law, beginning August 2008, each local school district is required to provide an alternative setting for any student who is expelled or suspended for (10) or more consecutive days. This does not include students who are found in possession of alcohol, drugs or weapons.

I agree that my child and I has been given the opportunity to attend the Jefferson Parish Public School District's Alternative School/Program but has chosen to refuse such services. By signing below, you and your child acknowledge that he/she has been offered the opportunity to attend the alternative school program listed above but has chosen to refuse such services.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Hearing Officer \_\_\_\_\_ Date \_\_\_\_\_