# **MPS P.A.S.S. Program**

# **Parent/Guardian Expectations**

*As a parent of a student attending the Mustang Partnership for Achieving Student Success (P.A.S.S.) Program, I realize my student has been given a second opportunity to obtain his/her high school diploma. I further understand that participation in this program is a privilege and I agree to:*

1. Enable my student in becoming more responsible for his/her own attendance. I will not cover for my student’s lack of attendance.
2. Schedule all doctor and personal appointments for my student before/after school or on Holidays/breaks..
3. Contact the school if it is necessary for my student to be absent.
4. Have my student at school on time, rested, ready and prepared to learn.
5. Cooperate and collaborate with the alternative program staff members.
6. Help my student abide by classroom guidelines/school policies.
7. Attend all meetings and conferences scheduled by school and program staff.

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Parent/Guardian Signature Date