

**Ivy Academia Entrepreneurial Charter School
School Compact TK-12**

Our school philosophy as an entrepreneurial charter school is that families, students, school staff and the community should work in partnership to help each student reach his/her potential. As partners, we agree to the following:

Staff Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Be dedicated to students and the vision of Ivy.
- Provide high-quality curriculum and instruction.
- Communicate high expectations for every student.
- Engage student in a rigorous project-based learning.
- Actively participate in collaborative decision-making, and consistently work with families and school colleagues to make our campus accessible and welcoming to parents so that together we can help each student achieve high academic standards.
- Integrate state and entrepreneurial standards into lessons and promote higher level of thinking.
- Provide 10% direct instruction and 90% active learning experiences.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Enforce rules equitably and involve students in creating a warm and caring learning environment in the class.
- Communicate regularly with families about their child's progress in school.
- Provide assistance to families on what they can do to support their child's learning.
- Respect the school, students, staff, and families.
- Provide weekly scheduled office hours for student questions, concerns and/or organized study session.
- Provide meaningful homework assignments to reinforce and extend learning as per homework policy.

Date: _____ Teacher/Instruction Aide Signatures: _____

Student Pledge:

I agree to carry out the following responsibilities to the best of my ability:

- Believe that I can learn and will learn.
- Read for at least 30 minutes, 5 days a week.
- Come to class on time, ready to learn and with assignments completed.
- Set aside time every day to complete my homework.
- Know and follow the school and class rules.
- Follow the school's uniform dress code.
- Access Powerschool and my teacher's websites to keep track of assignments, homework and grades.
- Regularly talk to my parents and my teachers about my progress in school.
- Respect my school, classmates, staff, and family.
- Ask for help when I need it.

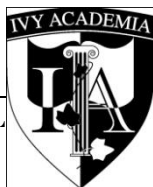
Date: _____ StudentSignature: _____ Parent/Guardian Signature: _____

Family/Parent/Guardian Pledge:

I agree to carry out the following responsibilities to the best of my ability.

- Talk to my child regularly about the value of education.
- Communicate with the school when I have a concern.
- Monitor TV viewing and recreational use of electronics and make sure that my child reads every day.
- Support the school's discipline, dress code, and other policies.
- Make sure that my child attends school every day, on time, and with homework completed.
- Monitor my child's progress in school.
- Make every effort to attend school events, such as parent-teacher conferences, Open House, and Back to School Night.
- Ensure that my child gets adequate sleep, regular medical attention, and proper nutrition.
- Participate in school, home, and community-sponsored activities to meet my agreed-upon responsibility of 25 hours a year.
- Participate in shared decision-making with school staff and other families for the benefit of students.
- Respect the school, staff, students and families.

Date: _____ Parent/Guardian Signature: _____



Shared Support Agreement Verification 2014-2015

Parents please read and share the information in this Shared Support Agreement 2014-2015 with your child. Communication and understanding are the keys to success. If you have any questions please call or email your principal.

I have read and understand the information and policies in the Shared Support Agreement also known as the Parent/Student Handbook to include the Progressive Discipline Plan.

Print Student Name _____ Grade _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Teacher/Homeroom Teacher Name _____

*** Please return this form to your child's teacher/homeroom teacher within one week of the start of the school year. This is mandatory.**

STEP 1: ENTER STUDENT NAME AND PROVIDE ALL REQUESTED INFORMATION. PLEASE PRINT CLEARLY

LAST NAME										FIRST NAME										SCHOOL NAME										Birth Date M M D D Y Y						Grade						Food Stamp, CalWORKS, KinGAP or FDPIR Case #									

HOUSEHOLDS WITH A FOSTER / INSTITUTIONALIZED (GROUP HOME) CHILD: COMPLETE SEPARATE APPLICATION FOR EACH FOSTER CHILD

IF the above is a FOSTER child living with your household, is the legal responsibility of a welfare agency or court.

write the FOSTER child's monthly personal use income. —→ .00 Write "0" if the child has no personal use income. Skip to STEP 4.

STEP 2: ADD THE NAMES OF ALL OTHER CHILDREN IN HOUSEHOLD

LAST NAME										FIRST NAME										SCHOOL NAME										GRADE		FOOD STAMP, CALWORKS, KINGAP OR FDPIR CASE #									

STEP 3: LIST ALL ADULT HOUSEHOLD MEMBERS

	Earnings from Work Before Deductions										Welfare Payments, Child Support / Alimony					Pay from Pensions, Retirement or Social Security					Job 2 or Any Other Income																		
	Job 1										Monthly					Monthly					Monthly																		
	Monthly										Monthly					Monthly					Monthly																		
I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application, and that diliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.																																							
LAST NAME										FIRST NAME																													
LAST NAME										FIRST NAME																													
LAST NAME										FIRST NAME																													
LAST NAME										FIRST NAME																													

STEP 4: ADULT HOUSEHOLD MEMBER MUST SIGN SIGNATURE HERE —→ X TODAYS DATE:

PRINTED NAME OF ADULT HOUSEHOLD MEMBER: X ADULT HOUSEHOLD MEMBER SOCIAL SECURITY #

ADDRESS CITY ZIP CODE

HOME PHONE WORK PHONE
REVIEWER DATE

IF YOU DO NOT HAVE A SOCIAL SECURITY #, CHECK BOX —→

FOR OFFICE USE ONLY
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