

**A+ SCHOOLS PROGRAM**  
**(A+ Participation Agreement)**

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I agree to abide by the district's A+ policies and procedures and the following conditions so that upon successful completion I will be considered a certified A+ graduate. I agree to:

1. Attend a designated A+ high school for three years immediately prior to graduation.\*
2. Graduate with an overall grade point average of 2.5 or higher on a 4.0 scale or the equivalent on another scale.
3. Have at least a 95 percent attendance record overall for grades 9-12.
4. Perform 50 hours of unpaid tutoring or mentoring, of which up to 25 percent may include job shadowing.
5. Maintain a record of good citizenship and avoid the unlawful use of alcohol and drugs.
6. Beginning with the high school senior class of 2015, achieve a score of proficient or advanced on the official Algebra I end-of-course exam or, prior to receiving A+ tuition reimbursement, complete the first semester and a minimum of 12 credit hours or the equivalent with a 2.5 grade point average at a postsecondary institution.
7. Perform all other duties and obligations required by state law to be eligible for and receive the benefits of the A+ program.

\* Students who are active duty military dependents and students who are dependents of retired military personnel who relocated to Missouri within one year of the date of retirement from active duty are excused from this provision if the student attends a designated A+ school in the school year immediately preceding graduation and has met all other eligibility requirements.

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Permission is hereby given for the release of A+ Schools Program information, including student records, to the institutions chosen by the student as well as to the Department of Elementary and Secondary Education (DESE) and the Missouri Department of Higher Education, as may be required by law.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\* \* \* \* \*

FILE: JFCL-AF  
Critical

***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: 8/27/2007

Revised: 5/14/2012

Clinton School District, Clinton, Missouri