

MARK WEST UNION SCHOOL DISTRICT

305 Mark West Springs Road, Santa Rosa, CA 95404-1101 District Office (707) 524-2970 Business Office (707) 524-2977 ♦ Fax (707) 524-2976 Dr. Rachel Valenzuela, Superintendent rvalenzuela@mwusd.org

Board of Trustees: Sara Azat Brian Burke Priscilla Jaworski-Quintanilla Victor McKnight Brad Sherwood

Director of Instructional Services: Lisa Warne Chief Business Official: Renee Loeza

PARENT AND STUDENT **BEHAVIORAL AGREEMENT** WITH MARK WEST UNION SCHOOL DISTRICT

STUDENTS ARE EXPECTED TO:

- Arrive at school on time and be picked up after school on time.
- Maintain consistent attendance (Board Policy 5113).
- Be prepared and ready to work with materials and all assigned work.
- Follow all school rules, policies, etc.
- Conduct themselves in a manner that allows other students to learn and teachers to teach. •
- Demonstrate respect for all students and adults. •
- Work cooperatively with the teacher and school personnel.

The following signatures signify that:

- 1) Should the student become eligible for a program that is at capacity or potentially impacted, they will be referred to their home district for services.
- 2) Parent and student are aware that if the school the student is attending becomes over crowded in a grade level, the student may be moved to another site within the district or returned to their district of residence.
- 3) Parent is aware that transportation to and from school is the parents' responsibility.
- 4) Both parent and student understand that disregarding one or more of the above rules may lead to revocation of the Application (if out of district student) or Inter/Intradistrict at any time.
- 5) Both parent and student have read, discussed and agreed to abide by the behaviors listed above.
- 6) I declare, under penalty of perjury under the laws of California, that the information provided on the attached Application or Inter/Intradistrict Permit is true and accurate. I understand that this information may be verified and that inaccurate or false information may subject my request to denial or revocation.

Parent/Guardian signature _____ Date ____

Student name

Please Print

Student Initials

Mark West Elementary School Kelli Osorio, Principal 4600 Lavell Road Santa Rosa, CA 95403-1297

San Miguel Elementary School Patrick Eagle, Principal 5350 Faught Road Santa Rosa, CA 95403-1205

John B. Riebli Elementary School Emily Todd, Principal 315 Mark West Springs Road Santa Rosa, CA 95404-1101

Mark West Charter School Michelle Franci, Principal 4600 Lavell Road Santa Rosa, CA 95403-1205