

# 21<sup>ST</sup> CENTURY LEARNING ACADEMY/KIOWA COUNTY

## Adult Learner Application and Agreement - 2019-2020

You must understand that your placement in this program is voluntary and that we may ask you to leave the program if the guidelines are not met. You must agree to cooperate with the instructors and others in the program.

- Transcripts and grade-level assessment tests, as assigned by the administration, will determine placement in course levels.
- Students are encouraged to complete a minimum of 4 courses, 2 credits, every 18 weeks.
- Failure to complete courses is grounds for dismissal from the program.
- No time online for three consecutive weeks is grounds for dismissal from the program.
- I will not earn credits merely for attendance. The earning of credits is entirely dependent on successful mastery of course objectives, offline assignments, and finals. Earning my diploma depends primarily on the quantity and quality of effort I put into coursework mastery.
- If I am exhibiting disruptive or disrespectful behavior to staff members of the 21<sup>st</sup> Century Learning Academy, I will receive an immediate correction and one (1) warning. Continued disruptive behavior will result in expulsion from the program. Violent or illegal behavior towards a staff member is grounds for immediate expulsion from the program.
- I am required to comply with the attendance policy as stated in the handbook.
- Failure to respond to requested information from the Learning Academy might result in dismissal from the program.
- I will let the Learning Academy know immediately if I have a change in address, name, telephone number or educational plan.
- If I have a problem with a lesson, software, or computer, I will contact the Learning Academy office.
- I have received a copy of the Student Handbook, and I agree to abide by all policies and procedures.
- I will be accountable for responding to email, phone calls, and correspondence from the Learning Academy.
- I will be accountable for maintaining a working computer with Internet access.
- I will be accountable for attending a new student orientation session.
- I give the Learning Academy permission to use my photo in school promotions.

YES

NO

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent, in the event all reasonable attempts to reach my contact person have been unsuccessful for:

- 1) A staff member of the Learning Academy to request medical or dental assistance or treatment, which may be necessitated by virtue of participation in a school sponsored or related activity for the above name student;
- 2) The administration of any treatment deemed necessary by (preferred physician) Dr. \_\_\_\_\_, or in the event the appropriate physician practitioner is not available, by another licensed physician or dentist.
- 3) The transfer of the student to the hospital deemed most appropriate by the emergency medical personnel.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### FAMILY EDUCATION RIGHTS AND PRIVACY ACT INFORMATION CONSENT FORM

I give the Learning Academy permission to release information about my attendance and progress to the following checked agencies:

Probation Officer or Court Services

Kansas Department of Human Resources

Immediate Family (if over 18 years of age)

Military Recruiters

Attorney

Social Security

Social and Rehabilitation Services: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Last Attendance Center: \_\_\_\_\_

Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## *Student/School Compact of Responsibilities*

A student's success depends on a strong partnership between the school and student.

As a student, I will:

- Abide by all policies and procedures listed in the handbook that can be found on the 21<sup>st</sup> Century Learning Academy web page, [www.mulliville.org](http://www.mulliville.org).
- Complete assignments/courses appropriately and in a timely manner.
- Communicate with my teacher(s) regularly.
- Be responsible for my own work and abide by the honor code.
- Not plagiarize.
- Inform the Learning Academy of any changes in address or phone number.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As a school, we know the importance of students achieving. Therefore, as a teacher, I shall strive to do the following:

- Provide support and instruction for online and offline curriculum.
- Provide educational guidance that is appropriate for the high school diploma program.
- Provide progress reports upon request and issuance of a final grade at the completion of a course.
- Make a commitment to stay in regular contact to promote academic progress.

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_