

## Eau Claire Area School District (ECASD) – CVTC Academy Contract

### Academy Criteria for Student:

- ❖ Student must be in good academic standing
- ❖ Student must attend CVTC orientation prior to starting course
- ❖ Student must attend course according to CVTC's Academy schedule
- ❖ All textbooks purchased by the district must be returned to your student's high school IMC upon completion of the course
- ❖ Parent(s) must provide transportation or allow student to transport themselves
- ❖ Parent(s) and student are responsible for monitoring their academic progress in the academy
- ❖ Student must complete background check and TB test, if applicable (at the District's expense)
- ❖ Student must purchase a parking permit, notebooks, calculators, tools, instruments, and/or uniform and shoes for clinicals (if applicable)
- ❖ The cost of the State CNA Exam is the responsibility of the student (if applicable)
- ❖ Parent(s) (or student if 18) must reimburse the district the full cost of the course's tuition, fees, and textbooks if the student fails or withdraws from the academy early

### Academy Criteria for ECASD:

- ❖ ECASD will pay for the cost of the course's tuition, fees, textbooks, background check, and TB test for students enrolled in CVTC Academies for students meeting their criteria
- ❖ ECASD will retrieve final grades and apply to student's official transcript

**Student Name:** \_\_\_\_\_

**Student's Graduation Year:** \_\_\_\_\_

**Name of Counselor:** \_\_\_\_\_

**Name of Academy:** \_\_\_\_\_

*(Enter all courses in this academy and when you plan on taking them)*

**Course Name:** \_\_\_\_\_ **Term:** Fall Spring Summer **Year:** \_\_\_\_\_

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☐ By checking this box, I hereby authorize the release of information (specifically date of birth, address, and transcripts) between the Eau Claire Area School District and Chippewa Valley Technical College for the above-signed student.

If you understand and agree to the above conditions for your student's participation in a CVTC Academy course, please sign this form and send back in the envelope provided. **Keep one copy for your records.** If you have any questions, please contact our office at 852-3035. Thank you!

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Approval: \_\_\_\_\_ Date: \_\_\_\_\_