

JOSEPH ACADEMY

1101 GREGORY • DES PLAINES, ILLINOIS 60016 • 847-803-1930 • Mike Schack, Executive Director

PARENT/GUARDIAN AGREEMENT

I have been informed of my rights and the rights of my handicapped child as required by the Illinois State Board of Education.

In order for my child to receive sufficient therapeutic benefits from the Joseph Academy program, I agree to the following conditions:

- A. My child will attend Joseph Academy on a regular basis. I understand that excessive absences may result in his/her termination from the program.
- B. I will read and sign the point cards my child brings home on a daily basis.
- C. I will attend the monthly family therapy sessions scheduled throughout the school year.
- D. I will cooperate with the staff by attending disciplinary and/or administrative meetings called to discuss problems that may arise.
- E. I understand and agree to pay for any damage to property and/or person, either student or staff, caused by my child.
- F. I agree that if Joseph Academy Administration requests an evaluation of my child for drug or alcohol abuse that I will obtain same within 48 hours of the time requested of me and have the test results forwarded to the Joseph Academy Director. I further agree that if the results of those exams are positive I must enroll my child in a substance abuse/alcohol treatment program if so required by Joseph Academy.

I understand that failure to comply with the above conditions may result in the termination of my child's placement at Joseph Academy.

Date

Parent/Guardian

Date

Parent/Guardian