



**COUNCIL BLUFFS SCHOOLS & IOWA WESTERN COMMUNITY COLLEGE
EARLY COLLEGE ACADEMY**

Acknowledgement of Parent/Student Responsibilities

Student Name: _____ Council Bluffs Schools ID _____

Expectations and Responsibilities of Student Participants:

As a student and parent/guardian of this student, I agree to support Council Bluffs Schools' Early College Academy @ Iowa Western expectations of student participants. These expectations include:

[x] Academic Expectations:

_____ (parent's initials) I will assist my student in the completion of coursework, help them make satisfactory academic progress (GPA), uphold academic integrity, and assist in their attendance making sure they are on time to all classes.

[x] Behavioral Expectations:

_____ (parent's initials) I understand that my student is required to adhere to the Council Bluffs Schools' *Student Code of Conduct* and behavioral policies and regulations as well as the Iowa Western Student Handbook at all times.

[x] Financial Expectations:

_____ (parent's initials) I understand that I am responsible to repay any tuition and fees, should my child make a W or F in a course and to replace any textbooks that are lost or damaged. I also understand that lunch and transportation to and from campus are not covered and are my responsibility.

Signature of Parent(s)/Guardian _____ Date _____

Signature of Student _____ Date _____