

**Agreement**

Between  
 [Insert Parents'/Guardians' Names] (the Parents/Guardians)  
 and  
 [Insert Pupil's Name (Pupil)]  
 and  
 [Insert School Principal's Name] (School Principal)

**AGREEMENT**

**Preamble**

The Pupil has been suspended for a period of 6 days or more and has been assigned to an Algonquin and Lakeshore Catholic District School Board Program for students on long-term suspension.

The Pupil wishes to attend the Program to which he or she has been assigned. The Pupil's parents or guardians also wish their son or daughter to attend the Program.

The Pupil agrees to abide by the written requirements for attendance at the Program which are set out in this Agreement. The Pupil's parents or guardians agree to assist their son or daughter to comply with the written requirements for attendance at the Program.

**Program Particulars**

Commencement Date:  
 End Date:  
 Return to School Date:  
 Location of Program:  
 Program Hours:

I, [name of Pupil], wish to attend the above Program and I agree to comply with the written requirements for attendance at the Program which are set out in Appendices I and II.

We, [name of Parents/Guardians] wish our son or daughter to attend the above Program and we agree to assist their son or daughter to comply with the written requirements for attendance at the Program which are set out in Appendices I and II.

DATED at [Place] this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_.

\_\_\_\_\_  
 [Parent / Guardian Name]

\_\_\_\_\_  
 [Parent / Guardian Name]

\_\_\_\_\_  
 [School Principal Name]

\_\_\_\_\_  
 [Pupil Name]