

Tutt Middle School SUNRISE ACADEMY

Student/School Agreement Form (to be filled out by the participating student and parent)

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Parent Telephone: _____

Please initial stating your understanding of the following:

I understand that the SUNRISE ACADEMY operates as an extension of the school day and all Richmond County School's rules and policies will be enforced during program hours.

Transportation is the responsibility of the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____