

**Fayette High School**  
**A+ Participation Agreement**  
*(Revised August 2012)*

Student: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

As a student of Fayette High School, a designated A+ high school, I agree to abide by the district's A+ policies and procedures and the following conditions so that upon successful completion I will be considered a certified A+ graduate. I agree to:

1. Attend a designated A+ high school for three consecutive years prior to graduation.
2. Graduate from high school with a cumulative grade point average of 2.5 or higher on the 4.0 scale.
3. Maintain at least a 95% attendance rate for 4 years of high school.
4. Perform 50 hours of unpaid, documented school-based tutoring or mentoring for other students under the direct supervision of a district staff member.
5. Maintain a record of good citizenship and avoid the unlawful use of alcohol or drugs throughout the 4 years of high school.
6. Enter into this written agreement with Fayette High School.
7. Obtain a score of **proficient** or **advanced** on the **Algebra I End of Course Exam**

**I understand that failure to complete the Free Application for Federal Student Aid (FAFSA) and, if required, the U.S. Military Selective Service registration, will jeopardize the receipt of A+ financial incentives.**

**\*\* I understand that to maintain eligibility during the four-year period of incentive availability I must:**

1. Be enrolled in and attend full-time a Missouri public community college or career/technical school.
2. Maintain a grade point average of 2.5 or higher on a 4.0 scale.
3. Make a good-faith effort to first secure all available federal postsecondary student financial assistance funds.

This agreement is entered into on: \_\_\_\_\_

DATE

Permission is hereby given for the release of A+ Schools Program information, including student records, to the institutions chosen by the student as well as to DESE, as required by law.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
A+ Schools Coordinator Signature

\_\_\_\_\_  
High School Principal Signature

**\* I understand that disclosure of my SSN is optional, and that if I disclose this number it will be used by DESE for the purposes of determining my eligibility to receive A+ funding and to make payments to the career/technical school or community college I attend. I further understand that failure to disclose my SSN may result in delays in the receipt of A+ funds.**

**\*\* Assistance is dependent on funding from the State Legislature each year.**