

RED BANK REGIONAL HIGH SCHOOL
101 Ridge Road, Little Silver, NJ 07739, Tel. (732)842-8000

SENIOR YEAR OPTION AGREEMENT FORM

Host Organization _____ Senior Student _____
Host Address _____ Senior's Emergency Contact _____
Host Contact _____ Emergency Contact Number _____

In order for any student to be eligible for shared time program at Brookdale Community College, an internship learning opportunity or community service opportunity, the student must meet all graduation requirements to be a senior at Red Bank Regional High School, must have passed all sections of the PARCC, have a no more than 4 absences from the past academic year and no prior year discipline infractions, a cumulative grade point average of at least an 82 at the end of their junior year and interview with a Committee for their selected option or plan. Students in these programs must complete an RBR Senior Option Agreement form.

Proposed Senior Year Option (List the details of your proposal, including a description of the activity and the amount of time per week you will devote to that activity and range of dates—must correspond with the credit requirements):

Learning Goals/Objectives of the Senior Year Option:

NJ Learning Standards Addressed by the Learning Goals/Objectives:
(<http://www.state.nj.us/education/cccs/> Use State Code Numbers to Identify)

Timeline (i.e. Full year, semester, and/or marking period for which exemption is requested if applicable):

Evaluation/Assessments (Indicate how your learning will be assessed – grades, journal, etc.):

**APPLICATION DUE TO COUNSELOR BY APRIL 15, 2018
FOR 18/19 SCHEDULING CONSIDERATION**

Waiver and Acknowledgement:

In submitting this application, the above-named student and his/her parent(s) / guardian(s) acknowledge the following:

1. I understand and agree that my participation in the Senior Year Option Agreement as set forth herein will be graded on a Pass/Fail basis. Approved Senior Year Option courses will not be calculated in a student's GPA.
2. If in an internship/community service setting, I keep daily attendance records and complete write-ups on their experience. I will submit a reflection journal at the end of each semester.
3. I agree to hold the school/district harmless from, and waive any and all claims against the school/district for, any injury or damages of any kind incurred during the completion of the senior option form in any non-school sponsored activity.
4. I understand that senior year options are not funded or operated by the school district. All costs incurred in completing are the responsibility of the student and/or their parents/guardians, including transportation costs.
5. I will directly contact the host contact and counselor regarding any planned absences in advance, and on the same day if not able to be present due to illness.
6. I understand that failure to successfully complete any course for a high school graduation requirement will result in an inability to receive credit and in the inability to graduate in June of the senior year.
7. Senior year option meets criteria pursuant to N.J.A.C.6A:8-5.1 adopted in June 2009 by NJ Dept. of Education

Host Organizations Responsibilities:

1. The host organization will provide direct and close supervision by a qualified professional.
2. The host organization will assist in evaluating the student's performance by verifying attendance records and by completing the student evaluation form when required.
3. The host contact will notify the counselor as soon as possible any time the student fails to appear without notification in advance or fails to stay for the scheduled time.
4. The host contact will be available for a conference with the counselor, the student or both, as necessary.

This agreement may be terminated by RBR administration or host organization any time after consultation. If terminated prior to the end of the semester, the student will not receive credits for the semester.

Student Signature: _____ Phone: _____ Date: _____

Parent/Guardian Signature: _____ Phone: _____ Date: _____

Host Contact Signature: _____ Phone: _____ Date: _____

Counselor Received Application : _____ Phone: _____ Date: _____

Committee and Administrative Approval:

Signature(s): _____

Date: _____

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