

Montague Township School District

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Mrs. Karen Goyette
Media Specialist & L.E.A.P. Coordinator

L.E.A.P. CONTRACT Learning **E**nrichment **A**ctivities **P**rogram

I, _____ Grade _____

Have been selected to participate in a special enrichment program.

As a student in this program, I understand that I am expected to:

- Complete assigned school work
- Maintain good grades in all subjects Attend L.E.A.P. classes
- Regularly come prepared to class
- Complete all L.E.A.P. assignments
- Maintain good citizenship in all my classes

I understand that if any of the above are not maintained, I will be asked to leave the L.E.A.P. program. In addition, if I am referred to an administrator for any discipline problem more than once, by any teacher, I will also be asked to leave the program.

To the best of my ability, I will fulfill my responsibilities in this special program and in my regular classroom work.

Student's signature _____ Date _____

I will support my child's participation in this program.

Parent's signature _____ Date _____