

# Montague Township School District

475 Route 206, Montague, NJ 07827  
P: 973.293.7131 ext.204 F: 973.293.3391

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

I give Mrs. Goyette, (LEAP Coordinator) Permission to interview my child for the LEAP program

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in Project LEAP.

I give permission to share our phone number with other LEAP families:

\_\_\_\_\_ Yes, the number is: \_\_\_\_\_.

\_\_\_\_\_ No, it is a private number.

I give permission to use my child's picture and name in the newspaper for articles on special projects we might do.

Yes \_\_\_\_\_

No \_\_\_\_\_

I give permission to use my child's work (with no names) on the internet and or web blog.

Yes \_\_\_\_\_

No \_\_\_\_\_

I give permission to include my child in a group photograph for internet use (with no names).

Yes \_\_\_\_\_

No \_\_\_\_\_

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

# Montague Township School District

475 Route 206, Montague, NJ 07827  
P: 973.293.7131 ext.204 F: 973.293.3391

*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 \_\_\_\_\_