



ARLINGTON CENTRAL SCHOOL DISTRICT

Lisa Castaldo, Ed. D.

Interim Assistant Superintendent for Pupil Personnel Services

144 Todd Hill Road • LaGrangeville, NY 12540

Phone: 845-486-4460 • Fax: 845-350-4071 • E-mail: lcastaldo@acsdny.org

ALTERNATIVE INSTRUCTION PROGRAM STUDENT CONTRACT

The Alternative Instruction Program (AIP) for suspended students is an opportunity for students to receive individualized and small group instruction in coursework they miss as a result of being suspended. AIP is held at the Arlington Central School District Office Monday through Friday from **9:00 AM to 2:00 PM**. Students will be transported to and from AIP using Arlington Central School District transportation. Students are not allowed to be picked up or dropped off at any other location except their residence on file with the District.

AIP students are **not** allowed to drive to AIP. In the event that students must be dropped off or picked up, the individual dropping off or picking up must be a parent or guardian. A parent/guardian may designate, in writing, an immediate family member over the age of 21 to drop off or pick up an AIP student. The individual must show ID at the desk.

In order to participate in AIP, I agree to:

1. Report to the bus stop at the assigned time and follow the rules of the bus driver.
2. Come prepared with all textbooks, study materials and school ID.
3. Adhere to the Arlington Code of Conduct.
4. Comply with the direction of the teachers, administrators, and staff.
5. Be accountable for any work I am expected to complete.
6. There will be no cell phone use at AIP. Phones will be collected each day by school staff at the beginning of the program and returned at the end of program.

I further understand that:

- A. I am prohibited from attending all extracurricular activities during and after school from the time that the suspension is issued until the time I am readmitted to school by an administrator following the suspension.
- B. Absence, lateness or misbehavior in AIP may result in additional consequences or removal from the program.
- C. I must be escorted at all times while on school property, including in the school building.
- D. If school is closed due to inclement weather, AIP is canceled and the day is added to the suspension term.

I understand the expectations associated with attending AIP.

Student of record: _____ **ID #** _____

____ *Yes, I would like to participate in AIP and I agree to abide by this contract.*

____ *No, I do not wish to participate in AIP. I am not of compulsory school age or a student with a disability and I will be responsible for getting my work and keeping up with my classes.*

Breakfast and lunch (cold options) are available to all students and billed through their school lunch accounts as applicable.

Do you want breakfast tomorrow? YES _____ NO _____

Do you want lunch tomorrow? YES _____ NO _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____

****This contract must be signed by all parties and forwarded to AIP by the school**