

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

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

I give my child \_\_\_\_\_, grade \_\_\_\_\_  
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 \_\_\_\_\_

**L.E.A.P. CONTRACT**  
Learning Enrichment Activities Program

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 \_\_\_\_\_