LaGuardia Community College
Division of Adult and Continuing Education
Center for Community Education
CUNY Catch/ASHS Program

PARENT/GUARDIAN AGREEMENT OF PARTICIPATION

As (- Parent – Guardian) of ____________________________, who is applying for the CUNY Catch Program, I promise that if s/he is accepted into the program, I will take responsibility for:

1. Encouraging his/her daily attendance on time - since a student’s status in the program will be jeopardized if s/he misses more than one- (1) day of classes in any week. I understand that CUNY Catch classes are scheduled Mondays to Fridays starting at 9:30 am and that the program may discharge students if they miss more than three (3) consecutive days in any week without contacting the office at (718) 482-5128. I also understand that s/he may be eligible for a Metrocard after five- (5) consecutive days of attendance.

2. Attending the program’s parent/guardian teacher meetings once I am given more than four-(4) weeks notice

3. Having her/him contact the CUNY Catch office at (718) 482-5128 as early as possible if s/he will be absent or late.

4. Assisting him/her in securing any documents s/he will need for registration, field trips, GED testing or any other event once I am informed of the document in a timely fashion by the CUNY Catch office.

5. Responding to the CUNY Catch Program’s recommendations or referrals to assist him/her in benefiting from the services provided. I understand that s/he must comply with the attendance, behavior and other rules and regulations of the program as detailed in the CUNY Catch Student Handbook.

I understand that I may increase the success of __________________________ in the program if I live up to this contract.

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<tr>
<th>Parent/Guardian’s Signature</th>
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<td>Office Staff Member</td>
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