

Kennesaw Mountain High School Fall Semester 2024 Course Extension Contract

| Student Name: | | Student ID Numl | oer: |
|---|--|---|--|
| Course | e Name: | Course Teacher's Name: | Course Grade: |
| Kenne the stu course maxin 2025, course | ident earned a final grads. The student must renum passing grade of 2 and January 13 – 16, 20 twork required to attain | nool will offer students the opportunity for extended between 60% - 69%. See the Kennesaw Mad and agree to the guidelines listed below 70%. Students must attend classes for 8 days of 25 (excluding Saturday and Sunday) until the a 70% passing grade. Each session will begin their own transportation to and from school their own transportation to and from school | Mountain website for a list of eligible to qualify for the opportunity to earn a on the following dates: January 7 – 10, y are finished with the portion of a promptly at 3:45 PM and end at 5:45 |
| | se Extension is only ava lines for participation i | ilable for eligible core classes. <u>No AP courses</u> 1 Course Extension: | are offered through Course Extension. |
| 2. 3. | Students are allowed of session will result in students must arrive on Students must exemplife School District behavior result in immediate result | ONLY one (1) excused absence. More than one moval from the program. Students are expected this includes any days of inclement weather we time. The second tardy will result in removal y appropriate behavior during the program. Fail or expectations will result in removal from the moval from Course Extension. Any use of celesessments will be considered cheating. | ed to work on modules from home and access then school is not in session. I from the program. I dure to adhere to established Cobb County the program. Any instance of cheating will all phone, internet, or other unauthorized adards. The mastery of course standards. The mastery of course standards. The second of the Course Extension of the course in the course of the course in the course i |
| | - | the above listed guidelines and I agree to p | • |
| Stı | udent Signature: | | |
| Pa | rent/Guardian Name: | | |
| Pa | rent/Guardian Signature | : | |
| Pa | rent/Guardian Phone Nu | ımher: | |

PLEASE RETURN THIS FORM TO MS. KLINE IN ROOM 603 BY MONDAY, JANUARY 6, 2024, NO LATER THAN 3:00 PM.

Parent/Guardian Email (please print clearly):

Date: _____