TITLE I WAYNE PUBLIC SCHOOLS - PARENT COMPACT

Dear Parents and Guardians,

Wayne Township believes that as a team we help your child reach high academic standards. The following document will serve as a contract for how the school, your son/daughter, and you will work toward making this year a successful one. Please take the time to read this with your children, sign it, and return a copy.

As a Student, I will:

- Attend school regularly and arrive on time
- Study my lessons and complete homework every day
- Follow all school rules and treat everyone fairly
- Work hard to do my best & ask for help when needed
- Ask for assistance if I need support

Student Name (Print)	Grade	Signature	
As the Parent or Caring Adult, I will:			
- Attend all back to school nights and pare	ent conferences. Particip	pate in decision related to my childr	en's education
- Supervise the completion of homework		Š	
- Review my child's Progress Reports and			
- Encourage your children/child to show p	-		
- Monitor television and gaming. Encour		ırricular activities.	
- If able, volunteer in your child's school	_		
Parent/Guardian Signature		Date:	
As a Principal, I will:			
- Be available and responsive to all studer	nts, parents and communi	ity stakeholders in order to promote	e learning
- Work with teachers, parents and students	s to provide children with	h every opportunity to meet the edu	icational standards in
a safe, supportive school environment			
- Invite and welcome parents and voluntee	ers to my school and pro	vide opportunities for parent learning	ng
- Visit classrooms on a daily basis to ensu	re that all students are be	eing provided a meaningful, engagi	ng and rigorous
learning experience			
- Provide you with assistance in understar	•		
- Provide parents with timely information school.	and communication abo	out your child's progress and events	happening at the
Principal Signature		Date:	<u> </u>
Please feel free to contact the principal wi	ith any questions you ma	y have:	
Name:	Title:		

Directions for sharing this Compact

Name:

Telephone Number:

Student will share the Compact with Parent(s)/Caring Adult(s) at home and review the Compact together. Parent(s)/Guardian(s) and Student will sign and return Compact to the school.

Email Address: