

Teacher signature indicating approval:

(Contract requires a minimum of two core teacher signatures. Please attach teacher letters of recommendation.)

Name _____ Subject _____

Name _____ Subject _____

Name _____ Subject _____

Make Up Work Agreement:

Administrator Recommendation:

Signature _____ Date _____

TPCA Board of Directors Review:

Approved

Denied

Comments:

BOD Signature _____ Date _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

_____ Date _____

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Approved January 10, 2002