As a part of the application process for USF’s Learning Academy, and to ensure successful student outcomes, we encourage family support and involvement. We ask that you review the following information and sign this agreement in support of your family member’s participation in this program.

- My family member will be involved in making all decisions about his/her participation and follow through with the Learning Academy program.

- I will ensure my family member has reliable transportation to the Learning Academy each day to minimize absences.

- The Learning Academy includes both classroom time as well as application time with USF student mentors. Students attending this program are expected to complete all hours associated with the program.

- All personal/medical appointments for your family member should be scheduled when the Learning Academy is not in session (late afternoon or on Fridays).

- I understand that payment will be expected within 30 days of billing. No student will be allowed to participate without tuition being paid in full by the Department of Vocational Rehabilitation or by private pay.

- I understand that no refund will be available should my family member choose not to complete the program.

- I understand that more than four absences per fifteen week session for any reason will result in dismissal from the program.

- I understand that students of the Learning Academy are not supervised during times when class is not in session or when they are not with their mentor.

- I understand that I will not be permitted to accompany my family member during Learning Academy classes or mentoring activities.

Name

Signature