

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

P.O. Box 4170
Middletown, NJ 07748
(732) 671-3850 Ext. 1027
Fax: (732) 291-2364

vanglahnc@middletownk12.org

Dr. William O. George, III, Ed.D.
Superintendent of Schools

Mrs. Lucinda Van Glahn
Supervisor K-8 Language Arts/Federal Grants

SCHOOL/PARENT/STUDENT COMPACT

SCHOOL:

The administrative team of the (Title I School) agrees to monitor the staff implementation of the Board approved job description for teacher/staff with special emphasis on the following five components:

1. Planning instructional objectives and activities consistent with the curriculum guides.
2. Supervising behavior in the school environment to maintain the safety and well being of the students and staff.
3. Communicating positive support of the students in their educational development.
4. Relating with staff, parents and community through positive professional cooperation.
5. Assuming responsibility periodically for conferences with parents.

Administrative Team Signature: _____ Date: _____

PARENT/GUARDIAN:

I understand that my participation in my child's education will help his/her achievement and attitude. Therefore, I agree to carry out the following responsibilities to the best of my ability:

1. Give my child a quiet place to study.
2. Encourage my child to complete his/her homework.
3. Make sure my child gets enough sleep each night.
4. Make sure my child is at school on time.
5. Make sure my child reads and writes on a daily basis.
6. Attend open house and parent conferences.

Parent/Guardian Signature: _____ Date: _____

Phone: _____

STUDENT:

I know education is important to me to help me become a better person. Therefore, I agree to do the following:

1. Return completed homework on time.
2. Return corrected work to my parent/guardian.
3. Be at school on time unless I am sick.
4. Be responsible for my own behavior.
5. Pay attention and ask for help when needed.

Student Signature: _____

SAMPLE