

XLR8- Lynchburg Regional Governor's STEM Academy

Receipt of Expectations for XLR8 STEM Academy **Conduct Signature Form**

Student Agreement

I acknowledge that I have read the Expectation of XLR8 STEM Academy student conduct and agree to the follow the eight guiding principles and fulfill my responsibilities as a student selected to attend the XLR8 STEM Academy.

Student Name (please print): ______Date: _____Date: _____Date: ______Date: _____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: _____Date: ____Date: _____Date: ____Date: ____Date: ____Date: __

Student Signature: _____

Parent/Guardian Agreement

I acknowledge that I have read the Expectation of XLR8 STEM Academy student conduct and agree to fulfill my responsibilities as a parent/guardian of a student selected to attend the XLR8 STEM Academy. I have received a copy of the Expectations for XLR8 STEM Academy Conduct and will share that information with the student named above.

Parent/Guardian Signature: _____