



CEDAR LANE ALTERNATIVE HIGH SCHOOL PARENT/GUARDIAN SEAT TIME WAIVER CONSENT AND AGREEMENT

Student Name: _____ Grade: _____

Enrollment Address: _____

Contact Phone Number: _____ Mentor Teacher: _____

- I understand the Niles Seat Time Waiver Program is an educational project intended for youth who have not been in regular attendance at school for some time. I understand that its aim is to re-engage young people in learning and to rebuild self-esteem and confidence.
- I will encourage the young person in my care to take an active part in this program, which includes: logging in regularly, contacting his/her mentor weekly, completing coursework in a timely manner.
- The student's E2020 username and password is for the student's use only. The login information may not be shared with anyone. The student will be held responsible for any inappropriate or offensive communications.
- I understand that the E2020 website is available to the student 24 hours per day, 365 days per year as long as the student is enrolled.
- If I need to contact Niles staff for any purpose, I understand that I can call the assigned mentor teacher.
- I understand the issues surrounding internet security and safe use of the internet. I understand that the internet filtering systems are not reliable, and that I have a parental responsibility to guide the young person in my care. I will encourage the young person in my care to use the internet in a safe and responsible manner.
- I understand that I can contact Niles staff to discuss additional filtering software prior to installing any.
- I understand that I am responsible for the young person in my care, and accept that I need to ensure an appropriate level of supervision. I understand that the seat time waiver program is transparent and all communications are monitored closely. If the mentor teacher has any concerns, I will be contacted directly and expected to support the mentor teacher in their efforts.
- If the young person in my care is unable to log on for more than one week, I will contact my assigned mentor teacher. This includes planned vacations, internet/power outages, or any instance that would prohibit the researcher from logging in.
- If home circumstances should change and the young person in my care is unable to log on, I will inform our assigned mentor teacher within 24 hours.
- I will look after the equipment Niles Community Schools has provided. I agree to return the equipment at any time if asked. The equipment shall remain at the enrollment address, and shall not be removed without consent of the local project team.

07/17

Below is a replacement cost list in the event of damaged or broken equipment/parts:

Equipment and Parts Loaned to Student	Replacement Cost	Parent Initial for Understanding of Cost	Technician Initial if Returned in Good Condition
Chromebook	\$250		
Air Card	\$150		
Charging Cable	\$15		

By signing below, you agree to the above requirements and to return equipment/parts to Niles Schools no later than: _____

Parent/Guardian Signature: _____ Date: _____

