

PRAIRIE VIEW ACADEMY

SCHOLARSHIP • LEADERSHIP • SERVICE

Dr. Barbara Henry, Principal

1700 S.E. 35th Avenue* Gainesville, FL 32641 * Phone (352)955-6714 * Fax (352)955-7127

COMMITMENT TO EXCELLENCE PARENT AGREEMENT

- To understand that Prairie View Academy is a magnet school and that failure to follow the guidelines may result in my child's returning to his/her zoned school.
- To attend the first parent/teacher conference in October so that I understand test scores, learning gains and what my child needs to do to maintain or improve skill areas, and pick up first report card or make an appointment to pick it up when it arrives.
- To send my child to school on time and ready to learn everyday, (tardies and absences are reasons for dismissal from magnet setting).
- To follow the dress code of Prairie View Academy (see uniforms attached). Uniforms are to be worn daily including picture and field trip days.
- To keep up to date information at the school site so that easy contact can be made by school staff. Emergency cards must be updated, completed, and signed yearly. All changes in addresses, phone numbers or medical information must be made on the emergency cards in the front office.
- To work cooperatively with the school if there are issues regarding my child's learning or behavior (adhere to Student Code of Conduct book for the district).
- All transportation changes must be made in writing using the attached form (no changes will be accepted over the phone). Remember safety first!

As the Parent/Guardian of a child attending Prairie View Academy, I agree to the above guidelines:

Parent Signature _____

Child's Name _____

Date _____

PRAIRIE VIEW ACADEMY

MAGNET PROGRAM TRANSPORTATION REQUEST FORM

Date of Request: _____ School Year: _____

Pupil Name: _____ Student #: _____
(Last) (First) (MI) Grade: _____

Parent/Guardian Name: _____

Address: _____ Subdivision: _____

City: _____ Zip: _____

Phone Number: (Home) _____ (Work) _____

New Student Returning Student Change of Address

Siblings in same school: Yes No Name(s) _____

Transportation Needed For:

AM Only: _____ PM Only: _____ AM & PM: _____

(For Use By The Transportation Department)

Date Request Received: _____

Bus Number Assigned: (AM) _____ (PM) _____

Pick-Up Time: _____ Drop-Off Time: _____

(Note: Wednesday PM drop-off for elementary students will be 1 hour & 15 minutes earlier due to early dismissal.) _____

Stop Location: _____