



ALAMEDA  
COMMUNITY  
LEARNING  
CENTER



An Independent Charter School in the  
Alameda Unified School District

1900 3<sup>rd</sup> St., Alameda, CA 94501  
(510) 995-4300 (510) 995-4307 FAX

## **ACLC Off-Campus Contract Information**

**Purpose:** Off-campus contracts are intended to allow high school learners flexibility in their schedules so that they can attend college classes and participate in approved internships.

**Concept:** With parent and school approval, learners will be allowed to leave the ACLC campus during the day for college classes and internships if their schedule allows.

### **Requirements for Participation:**

- Must be a sophomore (10<sup>th</sup> grade) or above.
- Must have approval of School Counselor and Lead or Assistant Lead Facilitator.

### **Contract Conditions:**

- Learner must be at ACLC during regular school hours when not in college classes or participating in an approved internship with allowances for reasonable travel time. This includes project periods as well as CCC.
- Must submit to the School Manager verifiable evidence of participation in college courses or internships (i.e. printout of enrollment verification for college classes, letter/completed paperwork from internship supervisor, etc.).
- When arriving late, learner must check in at the Front Desk in the Office.
- When leaving early, learner must sign out on the Sign-Out Log located at the Front Desk in the Office, indicating Off-Campus Contract as the reason for early departure.
- Failure to check in or sign out after an initial warning will void this contract.
- Absences must be cleared by a parent/guardian, pursuant to ACLC policies.

### **How to Enroll and Maintain Eligibility:**

1. Fill out the Off-Campus Contract, including a detailed daily schedule indicating when you will leave and return to campus. Have it signed by a parent or legal guardian.
2. Submit the completed contract to the School Manager with evidence of times/hours of participation in a college class or internship.
3. If your schedule changes, you must submit a new contract. Parent or guardian signatures are required on all applications and changes.
4. You must submit a new contract each semester.

**For questions or more information, please contact Kira Foster, ACLC School Manager, by phone at (510) 995-4300 or email at [kira.foster@alamedaclc.org](mailto:kira.foster@alamedaclc.org)**

## ACLC OFF-CAMPUS CONTRACT

Learner Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Semester: \_\_\_\_\_ Learner Cell Phone: \_\_\_\_\_

Course/Internship Description \_\_\_\_\_

**Proposed Departure and Return Times for Off-Campus Activity**

(Remember to include adequate travel time both ways.)

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Leave Campus</b>					
<b>Return to Campus</b>					

**If you leave and return to campus according to the schedule above, will you:**

1. Miss all or part of any scheduled class, including CCC?      Yes      No

If yes, please indicate what class(es) will be affected: \_\_\_\_\_

Obtain facilitator approval signature for any affected class:

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

I understand that I must be at ACLC during regular school hours except during the hours of college classes or an approved internship, with allowances for reasonable travel time. I understand that if I don't meet the conditions of this contract, then the contract may be cancelled and I could lose the privilege of attending off-campus classes and internships during the school day.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I approve of the above schedule and understand the consequences if my learner fails to comply with conditions of the contract. I further understand that when my learner is not at ACLC during regular school hours, I am responsible for his or her well being and actions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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This Off-Campus Contract is approved. It will expire at the end of the current semester.

School Counselor: \_\_\_\_\_ Date \_\_\_\_\_

Lead or Assistant Lead Facilitator: \_\_\_\_\_ Date \_\_\_\_\_