This contract must be signed and returned to the Cape Henlopen School District Office, Attn: Diane Vickers, 1270 Kings Highway, Lewes, DE 19958, within ten (10) business days. *An unsigned contract voids School Choice.*

Thank you for providing my child,	the	opportunity	to	attend
School as a School Choice student.		,		
I am aware that my child's right to attend your school is subject to complying of Conduct, including attendance policies. I agree this contract may be term occur:	-			
 Five (5) unexcused tardies to school Five (5) unexcused absences Multiple violations of, or one or more serious violations of, the Distri Three (3) occasions of morning drop-off and/or afternoon pick-up or student drop-off and pick-up times. 				
I expect you to promptly convey any concerns about inappropriate behavious this contract.	or that	may lead to te	∍rmina	ation of
Furthermore, I agree my child shall return to his/her school district of residence is violated, as specified above, and the boards of both the Cape Henlop residence agree.				
Thank you,				
Signature: Date:				
Parent/Guardian Name (please print):				
Address:				
Home Phone: Work Phone:				

The Cape Henlopen School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. Ned Gladfelter, Employee/Student Compliance Officer: OCR/Title IX/504 Office of Human Resources; LouAnn Hudson, Student 504 Compliance Officer, 1270 Kings Highway, Lewes, DE 19958.

School/District of Residence: