



# Health Sciences and Technology Academy

STUDENT CONTRACT, School Year \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, agree that this contract sets forth the basic terms and conditions \_\_\_\_\_ for my participation in the HSTA program and is binding upon myself, my parents/guardians and HSTA.

Student's Name

- I am a United States citizen and West Virginia resident.
- I will meet or exceed the semester Grade Point Average (GPA), as stated below. I agree that if my semester GPA drops below the required minimum I will be placed on academic probation.
 

8th Grade,,,,,,,,,,,,,2.5 GPA	10th Grade,,,,,,,,,,,,,3.0 GPA	12th Grade,,,,,,,,,,,,,3.0 GPA
9th Grade,,,,,,,,,,,,,2.5 GPA	11th Grade,,,,,,,,,,,,,3.0 GPA	
- I agree to attend 70% of all HSTA meetings and activities per semester or make special arrangements with the HSTA teacher and HSTA Local Governing Board (LGB). I agree that if I don't meet 70% attendance, I will be placed on attendance probation.
- I agree to be placed on probation for only one semester for not meeting academic or attendance requirements during my entire participation in the HSTA program.
- I agree to follow safety guidelines and recommendations from the HSTA teacher for all club activities.
- I agree to follow my school's 'Acceptable Computer/Internet Use' policy for all HSTA activities.
- I agree to complete a yearly science project and present the project at the Science Symposium. Project completion requires meeting the following deadlines: a Project document 1 by November 15<sup>th</sup>, any revisions to Document 1 submitted by January 30<sup>th</sup>, a Presentation Submission form by March 15<sup>th</sup>, and a Project document 2 by April 15<sup>th</sup>. To be excused from the Symposium, I am required to write, in advance, a request to the LGB and HSTA teacher and to complete an alternative presentation of my project approved by my LGB.
- I agree to attend at least 2 Summer Institutes before my senior year.
- I agree to complete at least 75 documented hours of community service prior to completion of HSTA Waiver application my senior year.
- If I am suspended or expelled from school for any reason, I agree that I will be suspended or expelled from HSTA. I will immediately contact my HSTA teacher and the Field Site Coordinator as soon as I am suspended or expelled.
- If I fail to comply with these requirements and/or have any major discipline problems, the LGB can terminate my HSTA Club membership, which would result in forfeiture of my eligibility for the HSTA waiver. I agree that if my membership is terminated I have ten working days after receipt of written notification from the LGB to make an appeal. In my written appeal I must set forth the reasons that I contend the termination decision is in violation of my rights under this agreement.
- I agree that I have within ten working days of receipt of the denial of appeal by the LGB to make written appeal to the HSTA Joint Governing Board (JGB).
- I understand that the amount of the HSTA waiver granted by a WV college or university will vary, subject to the policies established by the WV college or university.
- In the event the HSTA Program in my region is discontinued due to the lack of funding or factors beyond the control of HSTA, this contract may be terminated.
- I give HSTA permission to include my GPA and test scores for program evaluation purposes. My name will not be included with this data.

<b>Student</b>	<b>Signature</b> _____	<b>DATE</b>
	<b>Print Name</b> _____	
<b>Parent/Guardian</b>	<b>Signature</b> _____	<b>DATE</b>
	<b>Print Name</b> _____	
<b>HSTA Teacher</b>	<b>Signature</b> _____	<b>DATE</b>
	<b>Print Name</b> _____	
<b>HSTA FSC</b>	<b>Signature</b> _____	<b>DATE</b>
	<b>Print Name</b> _____	