



Health, Sciences and Technology Academy (HSTA)

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/legal guardians and HSTA.

1. I am a United States citizen, a West Virginia resident, and I attend an approved high school in an approved county served by the HSTA program.
2. I will meet or exceed the semester GPA (Grade Point Average) as stated in Section 5 of the HSTA Policy and Procedures Manual: [9th grade – 2.5 both semesters, and 10th – 12th grade – 3.0 both semesters].
3. I agree to attend 70% of all HSTA meetings per semester, and attend all HSTA activities or make special arrangements with the HSTA teacher and HSTA Local Governing Board (LGB).
4. I agree to follow my school's 'Acceptable Computer/Internet Use' policy, all HSTA rules and behavioral and safety guidelines, and recommendations from the HSTA teacher and field site coordinator for all HSTA activities.
5. I agree to complete a yearly science project and present the project at the state Science Symposium. I understand that to remain in the HSTA program, my symposium project presentation must receive a the passing score designated by HSTA. I understand that I must complete all aspects of my science project by the given deadlines.
6. I agree to attend at least 2 HSTA Summer Institutes camps **before** my senior year.
7. I agree to complete at least 75 documented hours of community service prior to filling out the HSTA Waiver application my senior year. I understand that the amount of the HSTA waiver granted by a WV college or university will vary, subject to the policies established by each individual WV college or university.
8. If I am suspended or expelled from school for any reason, I understand 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.
9. **I understand that I will be placed on probation for only one semester during my entire participation in the HSTA program for not meeting academic, attendance, or behavioral requirements. 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.**
10. I agree that if my HSTA membership is terminated, I have ten working days after receipt of written notification from the LGB to make an appeal for reinstatement to the program. 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.
11. I agree that within ten working days of receipt of the denial of appeal by the LGB, I have the right to make a written appeal to the HSTA Joint Governing Board (JGB)
12. 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.
13. I give HSTA permission to include my GPA and test scores for program evaluation purposes. My name and other personal information will not be included with this evaluation data.

Student	Signature	DATE
	Print Name	
Parent/ Legal Guardian	Signature	DATE
	Print Name	
HSTA Teacher	Signature	DATE
	Print Name	
HSTA FSC	Signature	DATE
	Print Name	