



POST- SECONDARY OPTION (PSEO) AGREEMENT

DELASALLE HIGH SCHOOL

DELASALLE SCHOOL YEAR; _____ SEMESTER: _____

STUDENT NAME: _____ DATE: _____

POST –SECONDARY SCHOOL: _____

COURSE/COURSES TO BE TAKEN: _____

DAYS LEAVING: _____

TIME LEAVING: _____ TIME RETURNING: _____

DIRECTOR OF CURRI CULUM: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

I give permission for my son/daughter to leave DeLaSalle High School to participate in classes at another location during the regular school day. I understand that DeLaSalle is no longer responsible for my student once he/she leaves the school grounds.

PARENT SIGNATURE: _____ DATE: _____

I understand that in being given permission to leave DeLaSalle to attend classes at another location, I will leave the school grounds at the pre-determined time and go directly to that school. I will conduct myself in a manner that reflects well upon my school and myself. I will be held accountable for my behavior at the other school while enrolled at DeLaSalle High School. If I should miss any informational meetings, assemblies, and the like, it is my responsibility to obtain that information. It is also my responsibility to know if there is something I should be attending at DeLaSalle and to be there on time.

STUDENT SIGNATURE: _____ DATE: _____