

Printed BEST Academy 2024-2025 Compact Signature Form

Please Complete & Submit

* Indicates required question

1. Email *

2. Parent/Guardian First Name *

3. Parent/Guardian Last Name *

4. Role *

Mark only one oval.

- ☐ Parent
- ☐ Grandparent
- ☐ Guardian
- ☐ School Staff
- ☐ Community Partner

5. Child's Name *

6. Child's Grade *

Mark only one oval.

- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

7. Parent/Guardian Email *

8. I acknowledge that I have read the BEST School-Parent Compact and The Parent & Family Engagement Plan. *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Parent/Guardian Signature _____ Date _____
- ☐ Student Signature _____ Date _____
- ☐ BEST Administrator Signature _____ Date _____