**Niagara Falls High School**

**SCHOOL-PARENT COMPACT**

The Niagara Falls High School School staff and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

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| --- | --- |
| Parent Agreement | School Agreement |
| Our Family Promises to:* Encourage my child to read daily
* Attend open house, conferences, and school activities
* Share the responsibility for improving our child’s achievement
* Monitor our children(s) attendance, homework, television watching
* Ask school personnel and/or the PEG for guidance on training or assistance they would like and/ or need to be more effective in assisting their child in the education process.
 |  Our School Promises to:* Invite and promote communication with Families through:
	+ Frequent reports and calls about student progress
	+ Opportunities to volunteer and participate in classrooms
	+ Parent/Teacher conferences
	+ Reasonable access to teachers and staff to answer questions and concerns
* To set high standards that provide quality curriculum, including character education
* Continue parent representation on the School Quality Council
* Welcome family engagement through activities planned by the PEG and school staff, open house and other after school events
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This school-parent compact is in effect during school year 2024-25.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Time to Contact: \_\_\_\_\_\_\_\_AM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PM

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return to your child’s teacher asap.**