

**FAIRFAX COUNTY
PUBLIC SCHOOLS**

August 2009

Dear Chantilly High School/Chantilly Academy Student,

Welcome to the Academy! The attached Learning Seminar Placement Agreement will help you to be in the right place, with the right teacher, at the right time during the LS Period/s associated with your Academy course. As an Academy student you are required to arrange for your LS placement with a CHS teacher.

Your Academy teacher will let you know where to report during the LS Period that is associated with your Chantilly Academy course from **Tuesday, September 8, through Friday, October 9. After Friday, October 9, you will NOT report to the Academy during any LS period. You will have your LS Period in Chantilly High School with a Chantilly High School teacher.**

Beginning on Tuesday, October 13, with LS 7, you will report to a Chantilly High School teacher who has agreed to serve as your LS Support Teacher. Your LS Support Teacher agrees to support you during the LS period normally associated with your Academy course. For instance, if a student has Auto Tech that meets during Period 7 and 8, the student will report to his/her CHS LS Support Teacher during LS Periods 7 and 8.

Your Academy Teacher and Support Teacher will provide you with more detailed information on how to arrange an LS placement with a CHS teacher. Students are responsible for finding an LS Support Teacher and returning this completed form to your Academy teacher by Monday, October 5.

Sincerely,

Douglas Wright
Chantilly Academy Administrator

Attachment

**FAIRFAX COUNTY
PUBLIC SCHOOLS**

**Chantilly High School / Chantilly Academy
Learning Seminar Placement Agreement
2009 - 2010**

Please complete this Student LS Placement Agreement form to ensure proper LS placement.

STUDENT NAME (please print) _____ **ID #** _____

STUDENT SIGNATURE _____ **DATE** _____
(By signing, you agree to report to your CHS LS Support Teacher/s for the 09-10 school year.)

ACADEMY COURSE _____

CHS PERIOD/S LISTED ON SCHEDULE _____

LS PERIOD _____ **ROOM #** _____

CHS LS SUPPORT TEACHER NAME (please print) _____

CHS LS SUPPORT TEACHER SIGNATURE _____ **DATE** _____

(By signing, you agree to take responsibility for this student during the LS Period associated with his/her Academy course.)

LS PERIOD _____ **ROOM #** _____

CHS LS SUPPORT TEACHER NAME (please print) _____

CHS LS SUPPORT TEACHER SIGNATURE _____ **DATE** _____

(By signing, you agree to take responsibility for this student during the LS Period associated with his/her Academy course.)

Return this form to your Academy teacher by Monday, October 5

