

**LEE COUNTY SCHOOLS
SAVING ALL FAMILIES THROUGH EDUCATION PROGRAM (SAFTE)
FIRST TIME OFFENDER PROGRAM
STUDENT/PARENT AGREEMENT FORM**

STUDENT: _____ **DOB:** _____ **GRADE:** _____
ADDRESS: _____
PARENTS/GUARDIANS: _____ **PHONE:** _____ **(H)** _____ **(W)** _____
SCHOOL: _____ **DATE OF OFFENSE:** _____
Specific Offense Committed by Student: _____

To the Parents/Guardians and Student:

Under Lee County School Policy 4325 and the Lee County School Code of Conduct Rule 17, the standard action for the offense outlined above is suspension and possible long-term out of school suspension for the remainder of the school year; however, written approval to participate in the SAFTE program by the Superintendent will allow the above named student to return to school after the short term suspension and continue for the remainder of the school year pending successful completion of the program and barring future discipline problems.

Parent/Guardian and Student SAFTE Agreement

1. Both our student and we as parents/guardians desire to enroll in the SAFTE program as an alternative to possible long-term suspension or placement in an alternative education setting. We realize by this request, our student will receive a short term suspension. The long-term suspension and/or the placement in an alternative education setting will be held in abeyance pending the successful completion of the SAFTE program. If we or our student fail to successfully complete the program, our student will be placed in an alternative educational setting. If our student is already placed in an alternative education setting and commits a second drug/alcohol related offense, (s)he will be placed in a new alternative setting which will be to receive on-line instruction off school property. Any subsequent offense involving Rule 17 during our student's educational career may result in a long-term suspension and possible expulsion.
2. We understand that agreement to participate in the SAFTE program will require regular attendance by **both the student and the parent/guardian**, and that **this agreement becomes void if the program is not completed within 8 weeks of the intake interview or if more than one meeting is missed.**
3. We understand that if the school year ends before the program is completed, the program must be completed prior to the start of the next school year. If not the student will be assigned to Bragg Street Academy or maybe placed in another alternative education setting pending completion of the SAFTE program. We further understand that members of the senior class are not eligible for graduation nor participation in graduation ceremonies until the SAFTE program requirement is completed.
4. We certify that this student has not previously enrolled in the SAFTE program.
5. We have read and understand the Lee County Schools Administrative Procedures concerning the SAFTE program as it relates to the first time offender drug and alcohol intervention.

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN & STUDENT MUST INITIAL TO INDICATE DECISION:

ACCEPT PROGRAM: _____ **DECLINE PROGRAM:** _____

REQUEST TO ENROLL IN SAFTE PROGRAM IS: APPROVED _____ **DENIED:** _____

This ___ day of _____, 20__.

Signature of Superintendent of Lee County Schools

Certification of Completion by Substance Abuse Counselor:

The above named student and parent successfully completed the SAFTE Program within the prescribed time limit,

Substance Abuse Counselor

Date

Revised: 09/08/11; 08/18/15; 05/2019

Approved by BOE Attorney: 09/08/11; 08/18/15; 05/2019

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SUBSTANCE ABUSE COUNSELOR'S OFFICE RECOMMENDATIONS FOR STUDENT:

HOME SCHOOL COUNSELOR'S FOLLOW UP WITH STUDENT:

DATES:

COMMENTS:

RECOMMEND ADDITIONAL VOLUNTARY TREATMENT (If applicable)

AGENCY: _____

REFERRAL DATE: _____

REFERRED BY: _____

CHECK ONE:

RECOMMENDATION ACCEPTED: _____

RECOMMENDATION DECLINED: _____

NOTE:

This form should be placed in either the principal's or the counselor's confidential file but not in the cumulative folder. After termination of all services, this form should be returned to the Director of Student Services.