CAM
Career Aligned Mastery Program
Agreement Form
2010 - 2011

My child _____________________________, has expressed a desire to earn Career Mastery recognition for concentrated study in ____________________. And by doing so will fulfill the Oregon Department of Education’s “Extended Application” experience, required of all Oregon high school graduates.

I understand my child will be involved in a variety of career related activities both in and out of school and will complete a comprehensive portfolio as outlined in the Career Aligned Mastery program.

My child and I understand that failure to meet all program requirements means he/she will not graduate.

I have read and understand the level of commitment and requirements needed for my child to be eligible for “Career Mastery” recognition at graduation.

By signing here, I give my consent for my child to participate in the above Career Aligned program and will support his/her efforts to fulfill state and program requirements.

Parent/Guardian Printed Name__________________________________________

Parent/Guardian Signature____________________________________ Date____________

Parent/Guardian Phone Number________________________

By signing here, I agree to complete all of the requirements for graduation and Career Mastery recognition in _______________________.

Student Printed Name________________________________________________

Student Signature____________________________________ Date____________

Career Major Teacher
Signature __________________________________ Date____________

Counselor
Signature __________________________________ Date____________

To be eligible for Career Mastery recognition, you must return this form to Jocelyn LaMar, by April 21st.