

# Educational Support Agreement

Date: \_\_\_\_\_

Between:

Parent/Guardian Name: \_\_\_\_\_

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

School Name: \_\_\_\_\_

Teacher/Counselor Name: \_\_\_\_\_

## Purpose

The purpose of this agreement is to outline the support and resources provided to the student to enhance their educational experience.

## Terms of Support

- Type of Support: \_\_\_\_\_
- Frequency of Support: \_\_\_\_\_
- Duration of Support: \_\_\_\_\_
- Additional Resources: \_\_\_\_\_

## Responsibilities

Parent/Guardian: \_\_\_\_\_

School: \_\_\_\_\_

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

## Signatures

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Teacher/Counselor Signature

\_\_\_\_\_ Date