

# PARENT PARTNERSHIP AGREEMENT

H: XUmty 8UHY. \_\_\_\_\_

Name of Student		Student ID#	
Name of School		Urban Community Specialist	
Name of Parent/ Guardian		Name of Parent/ Guardian	
Contact #		Contact #	

**My goal(s) are:**

1.

2.

3.

4.

**In order to achieve this/these goal(s), I commit to the following:**