

CHELAN COUNTY REGIONAL JUSTICE CENTER

Alternative Sentencing Program School Release Agreement

Applicant's Name _____ Applicant's Counselor _____
 School name _____ Applicant's Teacher _____
 Address _____ Additional Teacher _____
 City _____ Additional Teacher _____
 Contact Phone _____ Fax # _____

State of Washington
 County of Chelan _____

Counselor or Teachers Name (Please print)

That I am the School Administrator, Counselor, or Teacher of the above named Student. This Student's Class Schedule is as follows:

Applicant's Work Schedule	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Applicant Begins School at this Time							
Applicant Ends School at this Time							

I also understand that the Student must stay on campus, unless approved in advance by the Program Staff. Contact **667-6615** and leave message.

I agree to notify the Chelan County Jail Program Staff at 667-6615 of the following;

1. Absence from School	5. Use of alcohol or drugs
2. Tardiness	6. Violations of school rules
3. Changes in class schedules	7. Failing grades
4. Expulsion	

Counselor's Signature _____ Teacher's Signature _____

** **FAX to 667-6620** Home Monitoring and Work Release Office
 415 Washington St. Room 203 Wenatchee, Wa. 98801

revised 12/2005