



Boyet Junior High School



59295 Rebel Drive
Slidell, Louisiana 70461
Phone (985) 643-3775
Fax (985) 649-9470

John Priola, Jr.
Principal

Marc Merriman
Assistant Principal

February 1, 2018

Dear Parent(s),

Boyet Jr. High is beginning the Zeroes Aren't Permitted (ZAP) Program. Students who fail to complete their assignments will be assigned to the ZAP Study Program after school. This program offers an educational opportunity to prevent a zero(es) as a grade.

When a student has missing work, a teacher may give a written warning notice to be taken home and signed by the parent. If the ZAP Warning with parent signature and completed assignment are not returned the next day, a ZAP Detention will be given.

Students will report to the ZAP Program by reporting to the library at 4:00 P.M. It will end promptly at 5:00 P.M. Parents are to park behind the school in front of the gym.

You will need to come to the library and check your child out. No student will be allowed to leave the library until a parent has checked them out. Students not staying on task, disrupting the education of others, or displaying inappropriate behavior will be sent to the school office, and their parents will be called. If a student misses an assigned ZAP Study Program, two consecutive sessions of after-school attendance will be required. If the assignment is not adequately completed and/or the after-school commitment of attendance is not fulfilled, a parent contact will be attempted. A conference with the parent will be necessary.

Our goal is to make the student's school years productive and enjoyable as we strive for excellence. Parents are an important part of a successful education, and

we will need your assistance to ensure your child participates in ZAP whenever necessary. Please read the following statements, check the appropriate one, and return the bottom portion to school.

Sincerely,

A handwritten signature in cursive script that reads "John Pruta Jr." The signature is written in black ink and is positioned below the word "Sincerely,".

ZAPS

___ My child will participate in the **ZAP** Program as deemed necessary by his/her teacher. I will be contacted at least one working day before he/she is staying after school.

___ My child will **not** participate in the **ZAP** Program. I am committed to helping my child each night and will make sure he/she turns in all assignments on time to nurture success in passing the school year.

Student Signature

Parent Signature

Cell

Home/Work

Zeros Aren't Permitted

Student: _____

Date: _____

Subject: _____

Assignment: _____

Explanation (why did you get this score):

Plan For Correction (how can you improve your score):

Student Signature: _____

Parent Signature: _____

Zeros Aren't Permitted

Student: _____

Date: _____

Subject: _____

Assignment: _____

Explanation (why did you get this score):

Plan For Correction (how can you improve your score):

Student Signature: _____

Parent Signature: _____