

Central High School - Age of Majority Form

Student Name: _____ **Grade:** _____

Birthdate: Month _____ Day _____ Year _____

Verified by: _____ cumulative file or _____ driver's license *(initialed by an administrator)*

I, the undersigned student of Central High School, do hereby affirm that I have reached the age of majority (18 years).

I am requesting shared self-accountability at this time. As a student at Central High School, I understand the value of the partnership between a student, their parents/guardians and the school. I recognize that I may call myself in, but the school will always keep my parents/guardians informed and will contact my parents/guardians should any concerns arise.

Finally, I understand that my parents/guardians will be informed of my request for shared self-accountability. This will be in effect while the student is enrolled as a student at Central High School, no matter what age.

Student Signature: _____ **Date** _____

Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Student must meet with their Associate Principal to discuss and approve this request.

Administrator Signature _____ **Date:** _____
(Mr. Neave A-K) or (Mr. Haubrich L-Z)