

CONSTANTINE HIGH SCHOOL

AGE OF MAJORITY STATEMENT

Student Name

Birthdate

STUDENT:

In accordance with the Board of Educations Age of Majority policy, I wish to assume full responsibility for my report card, attendance, and other school related procedures and activities. I also agree to abide by all school board policies and administrative rules and regulations.

Student Signature

Date

PARENT:

By signing this, I understand that my child assumes full responsibility for attendance at Constantine High School. Poor attendance can result in failure and loss of credits required for Graduation.

Parent Signature

Date