

WESTBROOK WALNUT GROVE HIGH SCHOOL AGE AFFIDAVIT

INSTRUCTIONS: Please complete this form and have it notarized. Then schedule an appointment with the Principal to officially notify the school of your intentions. Majority rights and responsibilities are not granted until an effective date is assigned by the administration.

STUDENT NAME _____ BIRTH DATE _____

ADDRESS _____

I hereby declare that I am 18 years of age and request all rights and responsibilities of an adult student for the remainder of my high school education. I understand that according to Minn. Stat. 13.02, subd. 8; in Minnesota, a parent shares the data privacy rights of a minor student. If a child is over the age of eighteen, but taken as a dependent by the parent pursuant to the Internal Revenue code, 152, the parent has the right of access to the information without the consent of the adult student.

I understand my rights include:

- 1. Have all school correspondence directed to me.
- 2. Have my report card and any notices of deficient work directed to me.
- 3. Represent myself at all conferences held in my behalf.
- 4. Sign consent for any special educational programs prescribed in my behalf.
- 5. Sign my own requests for advanced make-up forms and out-of-building passes.
- 6. Sign my own excuse slips for absences.
- 7. Sign authorization for my participation in any school sponsored activities, including field trips.
- 8. Review my official school records.

I understand my responsibilities include:

- 1. Sole responsibility for my educational program.
- 2. Personal responsibility for all educational decisions without parental advice or guidance.
- 3. Responsible for all disciplinary actions, suspensions, or dismissals from school, with no parental knowledge or involvement.
- 4. Comply with all the rules of the school.
- 5. Written requests made of the school may be denied if deemed appropriate by the school.
- 6. Responsibility to keep the school informed of all absences and the reasons for those absences.
- 7. The 18 year old law changes my status in school only in that I am now totally responsible for my actions and my education.

I wish to have the following personnel made aware of this request:

(List)

(Date) (Student Signature)

(For office use only)

This request is hereby granted, effective _____
(Date)

(Principal)

cc: Parents
Student File