

## 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. Leavy A-K) or (Mr. Haubrich L-Z)