

PARENT CONSENT AND WAIVER

FOR CHILD AGE 16 OR 17 TO BE EXEMPT FROM COMPULSORY ATTENDANCE REQUIREMENTS

Check this box if...

This student resides in the district, is not enrolled in the district, and needs verification for a GED program that they are not currently enrolled. If you check this box you do not need to identify the areas of possible inadequate skills below.

I, _____, understand that under Kansas law,
Name of Parent(s) or Person Acting as Parent

_____/_____, is required to attend school until he/she
Name of Student (First, Middle, Last) Student's Date of Birth

receives a high school diploma or general educational development (GED) credential or reaches the age of 18, whichever occurs first.

By not completing high school, _____ may have inadequate academic skills to achieve post-secondary
Student's First Name

success in the following areas:

____ Academic Preparation ____ Cognitive Preparation ____ Technical Skills ____ Employability Skills ____ Civic Engagement

Several studies indicate that over the course of his or her lifetime, a high school dropout earns, on average, about \$300,000 less than a high school graduate. Pursuant to K.S.A. 72-1111, as amended, USD ____ encourages _____
Student's First Name
to remain in school or pursue one of the Board approved educational alternatives which have been provided.

This student is interested in one of the following alternative education programs:

____ Alternative High School ____ Counseling Services ____ Credit Recovery ____ GED ____ ESL Classes ____ Other: _____

Check if statement is true:

This student is not involved in any truancy programs or under any court orders. (Truancy Officer verified)

This student has been presented with the salary impact review and is aware of the possible impact on future earnings.

I (we) the undersigned hereby give written consent to allow _____,
Students' First Name

who is 16 17 years of age, to be exempt from the Kansas compulsory attendance requirement and state we have attended the final counseling session conducted by USD ____ in which the above information was presented to us.

Signature of Student

Date

Signature of Parent or Person Acting as Parent

Date

Signature of Parent or Person Acting as Parent

Date

Signature of School Official Conducting Final Counseling Session

Date

Signature of Administrator

Date