



# Fall River School District

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## Fall River High School - Adult Attendance Contract

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

My son/daughter is eighteen years old and his/her birth date is: \_\_\_\_\_. Because he/she is legally an adult, I am relinquishing my parental responsibility and giving him/her decision-making power regarding his/her school attendance. This includes providing the attendance office with a written excuse for illness, medical appointments and/or family emergencies. I understand that my son/daughter will be allowed 5 excused days of absence during a semester and additional excused days will only be granted with a doctor's written excuse.

I also recognize that the expectations for an adult student are no different than any other student. However, because my son/daughter is an adult, the expectations that the administration has for his/her decisions will reflect adult characteristics. It is understood that if the school believes this arrangement is being abused by the student, and the student's residence is with his/her parents, the school and parents can negate this contract and the parents will have to substantiate any absence of the student by calling the school within 24 hours of the absence.

I have discussed the above conditions with my son/daughter. We agree that he/she will have decision making power in all school matters and will abide by school policies and practices.

Signed: \_\_\_\_\_ (Parent)

Signed: \_\_\_\_\_ (Student)

Signed: \_\_\_\_\_ (Administrator)

Parents, please send a written note with your daytime phone number and your signature along with this form to verify that permission has been granted. If you have other questions pertaining to this form, Please call Brian Zacho at (920) 484-3333 x 266.

*Helping all students achieve to their fullest potential*