



# OZAUKEE HIGH SCHOOL

Kevin D Parker, Principal  
Phone (262) 692-2453 Fax (262) 692-6257

## ADULT STUDENT REQUEST

STUDENT NAME \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

**Please sign 1 or 2 below to indicate the conditions you have chosen for this Adult Student Request.**

1. I am eighteen years of age and desire to be responsible for all matters pertaining to school. I am ready to accept responsibility for my grades, attendance and behavior. However, I give the Northern Ozaukee School District permission to communicate with my parents in writing as it pertains to my grades, attendance and behavior.

1. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I am eighteen years of age and desire to be responsible for all matters pertaining to school. I am ready to accept responsibility for my grades, attendance and behavior. I understand that my parents will no longer receive information from school relating to the above mentioned areas. I also understand that all my school records are closed to all except school personnel, including my parents, unless I specifically give permission for access.

2. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT PERMISSION

I have read the above statement and understand the implication associated with my son/daughter/ward signing this form.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY \_\_\_\_\_



401 Highland Drive Fredonia, WI 53021

↑success↓failure

[www.nosd.edu](http://www.nosd.edu)