



2016-2017

COMPULSORY ATTENDANCE FORM

Last Name First Name Date of Birth Age

ADULT ASSUMING RESPONSIBILITY OF THE STUDENT

Guardian's Name (1) Relationship Guardian's Name (2) Relationship

Address Address

Driver's License # Driver's License Number #

City State Zip Code City State Zip Code

Date of Birth Date of Birth

Home Telephone Cell Phone Home Telephone Cell Phone

Work Telephone Work Telephone

My signature below indicates that I have read this statement and that the address of the student named above is correct.

Parent/Guardian Signature Date

Approved By:

Administrative Staff Date

This enrollment is granted under the conditions that the student maintains a satisfactory attendance record, adheres to school ruler, request, and policies, and exemplifies acceptable citizenship and conduct.

Failure to meet these conditions may jeopardize the student's enrollment privilege and may constitute grounds for immediate withdrawal from active status.