

Students

Exhibit - Notification of Self-Supervision

Student Name _____ **Date of Birth** _____

Grade _____ **Counselor Name** _____

Address *(Please indicate the address where school correspondence should be forwarded. If this address is the same as the address of the parent/guardian who previously received such correspondence, please write "same" in the space below.)*

_____ City

_____ Zip Code

By signing this form, I affirm that as a student eighteen years or older, I am assuming responsibility for all records, correspondence and communication from the School District concerning my attendance, educational program, extra-curricular activities, and all other aspects of my enrollment in [enter name of school]. I further understand that I am responsible for reporting my own absences due to illness, appointment or other valid reason as stated in District policy. I also understand that failure to report such absences may result in the absence being reported as "unexcused" and may result in further disciplinary consequences.

_____ Student Signature

_____ Date

Date Received _____

Received By _____

Developed: January 2010

