

CARMEL UNIFIED SCHOOL DISTRICT
18 YEAR OLD RESPONSIBILITY FORM

PRINT: _____ LAST NAME

_____ FIRST NAME

As an adult, I am fully aware that I no longer come under the compulsory education laws of the State of California. I understand that in choosing to attend Carmel High School, I agree to abide by the same rules and regulations of attendance, behavior, and academic pursuit as apply to all students, regardless of age.

I AGREE TO THE FOLLOWING CONDITIONS AND UNDERSTANDINGS:

1. **Illness or medical or dental appointments are the only legal reason for an excused absence.**
2. Medical/dental appointments **must be validated** by an appointment card or doctor's note.
3. I understand that I will have to obtain all off-campus passes from the Attendance Secretary.
4. Any partial absence excuse **must be made ahead of time** or, at the very least, the morning of the absence.
5. If I leave school for any reason, I must check out through the Attendance Office.
6. If I am ill in the morning, and decide to return to school for later classes, I must call in **before arriving.**
7. After a partial absence, I will obtain my admit from the Attendance Secretary.
8. In the event of one or more full day absences, I must clear such absences by phone. If I do not clear such absences by the day following my return, it will be considered a cut.

LIVING STATUS: (check proper statement)

- I am presently living: A. at home with parent(s)
 B. at home with my legal guardian(s)
 C. other

Please state below your present address and telephone number:

I hereby affirm that the answers I have given to the above questions are true. I also realize that if my "living status" changes, I am to report to the Attendance Secretary immediately. In addition, I fully acknowledge that I have read and fully understand all of the above, and further agree that violation of attendance and/or behavior regulations can be grounds for my being released by the school.

Parent/Guardian notified of change in student status: _____
DATE

PARENT SIGNATURE

STUDENT SIGNATURE

ASSISTANT PRINCIPAL SIGNATURE (FOR APPROVAL)

When calling the Attendance Office, provide the following information:

1. Student's name (with correct spelling).
2. Indicate if full day or partial day absence.
3. Date of absence.
4. Reason for absence.
5. Identify yourself as an 18-year old.