

# Woodridge Local School District

## ACCEPTANCE OF RIGHTS/RESPONSIBILITIES

I recognize that as a student of majority age I may assume the rights as well as the expected responsibilities of parents of minor students. I understand that I may sign all permission slips and forms requiring parent signature.

I further understand that I am responsible for proper attendance at school and for abiding by the Code of Conduct of the school and that my parents shall be contacted if I am found in violation of school rules.

( ) I consent to the school sending copies of any documents I am to sign to my parents names below:

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( ) I consent to allow my parents named below access to all my student records:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Acceptance