

AGE OF MAJORITY AGREEMENT

I consent to allow my son/daughter, _____,
to be fully responsible for all attendance issues and
correspondences regarding grades, progress reports,
and discipline notices. In effect, you will not longer
receive any notices or communications pertaining to
_____ status as a student at Lake Region.

By signing and returning this agreement you are
Surrendering your rights as parent or guardian to
Receiving any information regarding your son/daughter,
_____.

Student Signature

Parent Signature

Date