



CEDARBURG HIGH SCHOOL

W68 N611 Evergreen Blvd.
Cedarburg, Wisconsin 53012
262.376.6200

PRINCIPAL - Casey Bowe
ASSOCIATE PRINCIPAL - Calie McNerney
ASSOCIATE PRINCIPAL - Trent Berg
ATHLETIC DIRECTOR - Jon Hannam

Date _____

I, the undersigned student of Cedarburg High School, do hereby affirm that I have reached the Age of Majority.

My birth date is MM/DD/YEAR _____/_____/_____.

I am requesting self-accountability at this time, understanding that all matters pertaining to my activities at Cedarburg High School that formerly were handled through my parents will now be handled through me.

I also understand that this self-accountability makes me personally responsible for all of my actions and that I will continue to be subject to all school rules that pertain to students enrolled at Cedarburg High School.

Furthermore, I understand that my parents will be informed of my request to be self-accountable via email.

My (the student's) cell phone number is (_____)_____.

Student Name (print)

Student Signature

Parent Name (print)

Parent Signature

Approved by

Date