

COMPULSORY SCHOOL ATTENDANCE DISCLAIMER

Name of child

DOB

Reading

Writing

Arithmetic/Mathematics

Listening

Speaking

Thinking Skills

Decision making

Problem solving

Knowing how to learn

Using computing to process

Information

Responsibility

Self-esteem

Sociability

Self-management

Being a team member

Being able to work with cultural diversity

Leadership

Evaluating information

Interpreting information

The child, _____ is encouraged to attend one of the Alternative education programs approved by the Board of Education of United School District No. 500 and listed below:

1. **Kansas City Kansas Community College**
2. **Donnelly College**
3. **Other**

**We, the undersigned do hereby authorize the release of all education al records of this student named above to
USD 500, Kansas City, Kansas Public Schools**

Signature of Child

Signature of parent or person acting as parent

Date _____

Date

School

School Official

Bring all copies to Student Services Office