



CONSENT TO WITHDRAW FROM SCHOOL

I, _____ acknowledge that by dropping out of school, I am
(student name)
voluntarily giving away my educational rights, privileges and opportunities. Under Michigan State law, enrolled students are entitled to a free, full-time public education. By dropping out, I am withdrawing from enrollment.

By dropping out of school, I further acknowledge that statistically:

1. I will be less likely to find a good job.
2. I will be less likely to be able to purchase items I desire.
3. I will be more likely to get caught up in criminal activity.
4. I will be more likely to spend time in jail.
5. I will be more likely to be on government assistance.
6. I will likely have fewer choices about where to live.
7. I will be less likely to be able to properly care for and educate my children.

(For students between 16 and 18 years old)

I, _____ confirm that my child is between the ages of 16 and 18.
(parent/guardian name)

I also have read and fully understand the consequences of my child dropping out of school, yet I will allow my child to withdraw from school.

Parent Signature Date

The above named individuals have been fully informed of the consequences of dropping out of school.

School Official Signature Date

IT'S NOT TOO LATE TO STAY IN SCHOOL

School District: _____ School Building: _____

Student ID#: _____ Date: _____