

MERIDEN PUBLIC SCHOOLS  
Meriden Board of Education  
Office of Pupil Personnel Programs  
22 Liberty Street  
Meriden, CT 06450  
Telephone: (203) 630-4177  
FAX: (203) 630-4436

## PARENTAL CONSENT TO LEAVE SCHOOL – AGES 17-18

In accordance with PA 09-6, as the parent/guardian of the following student,

\_\_\_\_\_

(Name) (Age) (Date of Birth)

I grant permission for said student to withdraw from the Meriden Public Schools and end all educational programming as of the following date: \_\_\_\_\_.

Parents/Guardians wishing to withdraw their student from any educational program are informed of the following:

1. All students who do not receive a diploma from an accredited high school or vocational technical school are entitled to an educational program until age 21.
2. Any student 17 and older seeking readmission to school may be denied accommodations for up to 90 days after termination of enrollment.
3. If a student seeking readmission to a public high school is 19 years of age or older and cannot acquire a sufficient number of credits for graduation by age 21, adult education may be offered as an alternative school program.
4. Students eligible for special education programs are informed that entitlement to a free appropriate public education ceases upon withdrawal from the public school system and that special education services in adult education are limited in nature and scope.
5. Students wishing to continue their education in the *Meriden Adult and Continuing Education Program* to earn either a GED or a Meriden City Diploma can receive information about this program by calling (203) 630-4190.
6. Questions concerning Special Education programming may be answered by calling the *Office of Pupil Personnel* at (203) 630-4177.

I have read the above statements and have been given a copy of this form for my records.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Administrator)

\_\_\_\_\_  
(Date)