Parent/Guardian Consent
(required for students under the age of 18)

Equivalency KUSD High School Diploma Student Participation Form

I/We, ______________________________________, have read the requirements regarding the Equivalency KUSD High School Diploma and grant my/our permission for ______________________________________ to participate in this option.

I/We understand that
• our son/daughter must pass all tests and meet all other requirements prior to his/her twenty-first birthday;
• the Equivalency KUSD High School Diploma may not be acceptable for entry into all institutions of higher education or all branches of the military or all apprenticeship programs;
• it is the responsibility of the student to determine whether or not the Equivalency KUSD High School Diploma will be accepted at colleges and universities, by the military, or by other programs/institutions;
• if my/our son/daughter meets all other requirements and passes the ITED, s/he will be allowed to participate in the Equivalency KUSD graduation ceremony;
• my/our son/daughter is subject to all school rules and School Board policies while on school property and may be denied access to this diploma option if s/he fails to follow rules and policies.

_________________________________________________________              ______________________________
(parent/guardian signature and date)     (phone number)