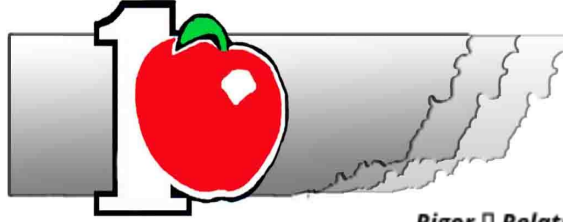


Kane School District

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Superintendent

CARY A. REESE, CPA
Business Manager

Rigor □ Relationships □ Relevance
Every Student, Every Day

Parental Consent (Students Under age of 18)

To: Director
Kane County Adult Education Program

My child, _____, has withdrawn from the K - 12 school system. I support his/her enrollment in the Kane County Adult Education program to pursue his/her diploma/GED. (Please bring an Adult Education Program and/or GED Testing Application for 16 - 18 Year-Old Non Graduates form.)- from school counselor

Signature: _____ Date: _____

Printed

Name: _____

Relationship to Student: _____
(Please specify)

Telephone/Cell Phone where you may be reached: _____