

## St. Michael Catholic Secondary School

9130 Columbia Way, Bolton, ON L7E 4G6 905-951-8935

## Contract for Students 18 Years Old or Older Age of Majority

Within the meaning of the Municipal Freedom of Information and Privacy Act

Date:	Name of Student:	DOB:
l,	, consent to the	continued communication between the
Administrative a my academic pr	and Teaching Staff of St. Michael CS	S and my Parents/Guardians with regard to ertinent to the successful fulfillment of my
	h time as I advise the school, by no	nue as long as I am a student at St. Michael tice in writing, to discontinue said
academically su	is that students attend school regucessful. Furthermore, in order to rather following obligations:	larly and punctually in order to be emain an active student at St. Michael CSS,
on time and in f legitimate reasc	ull uniform unless I am absent for a	pate respectfully in class, attend all classes legitimate reason. If I am absent for a ry. I recognize that my obligation as a ss than three courses.
	these commitments, then I agree to aforementioned instructions and w	to withdraw from St. Michael CSS. I ill adhere to this contract.
Student e-mail _	Studer	t cell #
Student's Signat	ture	Parent/Guardian Signature

