TRIO Wolf Creek Distance Learning Charter School #4095

Mailing Address: 29678 Karmel Ave, Chisago City, MN 55013
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Phone: (651)213-2095 | Fax: (651)257-0576
Website: www.triowolfcreek.com

STUDENT – 18 YEARS OF AGE

To the families of Wolf Creek students who are or will soon be 18 years of age:

As you may know, when students reach the age of 18 they are granted additional rights relevant to their education. In specific, all rights formally afforded parents concerning access to educational records and the making of educational decisions may transfer to the students at this time.

It is important to note, however, that this transfer of rights to students will not necessarily deny parents the right to also have access to students' educational records. In fact, parents of students 18 and older will continue to have access to the student's records unless two criteria are met:

1. The 18-year-old student is no longer being claimed as a dependent on your taxes. Please see your legal or financial counsel for further clarification
2. This form is completed and filed with our school

Your signatures on this form will provide our staff direction about communicating with the families of students 18 and older. If you have questions or concerns regarding this information, please contact the charter school director.

Sincerely,

Mike Hamernick, Executive Director
651-213-2017
The completion of this form will give our staff direction about communicating with your family at this time.

The student listed is no longer claimed as a deduction on our taxes. I/We understand that Wolf Creek educational information will now be shared only with our student. It is up to our student to decide if he/she would like to share educational information. We request that all educational information be given only to the student listed and we further request that all educational decision-making be completed by the student. No paper, email or telephone reports about educational progress will be made to anyone else without the student's consent.

Please complete current information:

Student's Name_____Date of Birth_____

Mailing Address_____

Phone Number_____

Student's Name (please print)_____

Student's Name (signature)_____Date_____

Parent/Guardian's Name (please print)_____

Parent/Guardian's Name (signature)_____Date_____