

Adult High School Diploma Program
At Mt. Hood Community College

Release Form

If you are under 18, and leaving high school, you must have this form completed by your school.

Released from: _____ High School and referred to the Adult High School Program at Mt. Hood Community College.

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

It has been mutually agreed upon between the parent(s)/guardian(s) and the school administrator that _____ be released from compulsory school attendance. It is also understood that the student listed above may request re-entry at a later date upon notice and a conference with the school administrator or designee.

Except when exempt by Oregon law, all students between the ages of 17 and 18 years who have not completed the 12th grade are required to attend school full time on a regular basis (ORS 339.010). An exemption may be granted to the parent or legal guardian of any child 16 or 17 years of age who is employed full-time, lawfully employed part-time and enrolled in school, or enrolled in a community college or other state-registered alternative education program as authorized by ORS 336.030.

It has been established that the high school listed above will be paying 80% ADM per student.

It has been established that the high school will **NOT** be paying the tuition.

The undersigned agrees and accepts that Mt. Hood Community College's Adult High School Diploma program (AHSD), its board of directors, officers, employees, volunteers, and agents assume no responsibility or liability. The undersigned also agrees that the college will not be responsible or liable for any act, error, omission, or for any personal injury, whether negligent or not. Mt. Hood is not responsible for traffic citation, towing, or parking tickets.

I have read the above and agree to accept any risks which may be associated with high school or college classes. I also authorize the teacher, program leader, or qualified medical personnel to take whatever first aid is necessary, in their sole judgement, to protect my health and safety in the event of any emergency.

Student Signature

Date

Parent/Guardian Signature

Date

High School Counselor/Administrator Signature

Date

Phone: 503-491-7421 ♦ **Fax:** 503-491-7390 ♦ Room 1162 ♦ [High School Opportunities & Resources](#)
Mailing address: Mt. Hood Community College/High School Services, 26000 SE Stark St, Gresham, OR 97030