

Request for an Off Campus Period(s)

Period to be requested: _____ (Circle semester to be requested) Fall - Spring - Both

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My student and I understand and agree to the following terms:

1. If my student is granted an Off Campus period(s), he/she must off campus during the selected period.
2. Off Campus period(s) are only available during the beginning and end of the day (1st and 8th period). *If another period is requested administration approval and signature required below.
3. Seniors are allowed up to two off campus periods and juniors may receive one of campus period.
4. I ensure the school that my student has the necessary transportation to either arrive at school late or leave school early and I give my child permission to walk/drive/ride the bus in order to be able to arrive at school late or leave school early.
5. I can verify that my student has met all graduation requirements required in grades 9-11 and is on track to graduate, based on the student transcript.
6. I understand that if my student should fail any of his/her current classes, the Off Campus period may be removed from the schedule, so that credit recovery for graduation can take place.
7. I have discussed all of the above terms with my student.

Parent Printed Name

Parent Signature

Date

Student Printed Name

Student Signature

Date

Administrator Printed Name*

Administrator Signature*

Date*

Return to the Counseling Office ASAP