**FAYETTEVILLE HIGH SCHOOL**

**2012 – 2013 SENIOR OFF-CAMPUS LUNCH PERMITAPPLICATION**

Please allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave the school campus for lunch on his/her own. I understand

*(Please print last name, first name)*

he/she **must return to school for the remainder of the school day**. In making this request, I assume full responsibility for the safety and welfare of my child while he/she is off campus. I also understand that students exercising off-campus lunch privileges **are subject to rules of conduct applicable during the regular school day as adopted by the Board of Education** and that the following conditions are met:

1. The student will not take students off campus who are not authorized to leave.
2. The student’s privilege will be terminated if they forge the parent signature on the Off-Campus Lunch Permit Application.
3. The student will return to school for the remainder of the school day. **Note: If a student becomes ill while off campus, a parent/guardian must call the Attendance Office to check the student out on that day. Failure to check out properly will be treated as truancy.**
4. The student must return to class on time. Excessive tardies in 5th period (5) will result in the revocation of the off-campus lunch privilege.
5. Students exercising off-campus lunch privileges must have the School Issued Photo ID in their possession at all times and present it upon request**.**
6. The school assumes no extra liability for any accident or injury in the exercise of this permit.
7. The student has cleared all fees and fines including library from previous school years.
8. The form can be returned on **August 20th, 2012.**
9. Lunch Permit tamper-proof seals must be on the photo IDs. These will be attached when the signed application is turned in to their advisory teacher on August 20th, 2012 or thereafter.
10. The cost of any replacement ID will be $5.00. Checks should be made payable to Fayetteville High School.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand the Off-Campus Lunch Policies and agree to stated conditions**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student signature* *Date*

We have read and understand the Off-Campus Lunch Policies and we grant our son/daughter permission to leave the school campus for lunch.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent’s signature Date*