

# OFF-CAMPUS PRIVILEGE FORM, 2018-19

*Please refer to the school's "Leaving Campus" policy which appears in the Appendix of Student Handbook.*

## PLEASE COMPLETE EITHER SECTION #1 or # 2:

1. (Student's NAME) \_\_\_\_\_ Homeroom \_\_\_\_\_ **does not have** my permission to leave campus after the formal school day has ended and return to participate in a scheduled activity.

Parent's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

OR

2. (NAME) \_\_\_\_\_ Homeroom \_\_\_\_\_ **does have** my permission to leave campus after the formal school day has ended. I am aware that she will be returning to campus in order to participate in an activity which is scheduled to begin one hour or more after dismissal.

I agree to assume responsibility for my daughter's whereabouts and safety for the period of time that she is not on campus. I also understand that the school reserves the right to revoke this permission at any time.

*Please note that students waiting for activities to begin within one hour after dismissal must remain on campus.*

**Name of Activity/Sport: Please initial activity to which permission refers:**

<input type="checkbox"/> Student Council	<input type="checkbox"/> Children of Mary	<input type="checkbox"/> Language Honor Society
<input type="checkbox"/> NHS	<input type="checkbox"/> Math Honor Society	<input type="checkbox"/> Music Honor Society
<input type="checkbox"/> Chorus	<input type="checkbox"/> Handbell Choir	<input type="checkbox"/> Madrigals
<input type="checkbox"/> Music Ministry	<input type="checkbox"/> String Ensemble	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Art Club	<input type="checkbox"/> <i>Reflections</i>	<input type="checkbox"/> <i>Festival</i>
<input type="checkbox"/> PR Club	<input type="checkbox"/> Tech Club	<input type="checkbox"/> Dance Troupe
<input type="checkbox"/> VMA Stage Crew	<input type="checkbox"/> Marian Masques	<input type="checkbox"/> Mock Trial
<input type="checkbox"/> Respect Life	<input type="checkbox"/> Model UN	<input type="checkbox"/> Spirit Squad
<input type="checkbox"/> Track and Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Field Hockey
<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Golf	<input type="checkbox"/> Basketball	<input type="checkbox"/> Indoor Track
<input type="checkbox"/> Swimming	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Softball

ALL or ANY Activity: \_\_\_\_\_

OTHER: Please Indicate: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_