

**CONANT HIGH SCHOOL**  
**Request for Off Campus Lunch Permission**

Student Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_ Class of: \_\_\_\_\_

**PARENTS PLEASE NOTE:**

Administrator:

Permission to leave the school campus for lunch is a **PRIVILEGE** that may be extended to Junior and Senior students as long as they exercise good school citizenship. Township High School District 211 policy provides that a student with parental permission and **ADMINISTRATIVE APPROVAL** may leave the school campus **ONLY** during a **SCHEDULED LUNCH PERIOD**.

**BEFORE GRANTING PERMISSION, GIVE CAREFUL CONSIDERATION TO THE FOLLOWING:**

1. Students are supervised while on school premises.
2. Tutorial centers, guidance and counseling services, quiet study, library services, and recreational areas are available to students during the lunch hours.
3. Nutritionally balanced lunches are available in school.

Parents should consider other personal factors before granting off-campus permission. In granting this permission, parents agree that they are responsible for students' whereabouts, conduct and welfare while away from campus.

**OFF CAMPUS LUNCH PERMISSION IS A PRIVILEGE, NOT A RIGHT! IT MAY BE REVOKED BY THE STUDENT'S PARENT OR ADMINISTRATOR AT ANY TIME.**

Listed below are **SOME** examples of why off campus permission may be revoked:

1. Failure to demonstrate overall good school citizenship.
2. Any misconduct or attendance problem related to the off-campus privilege.
3. Presence at another school without permission while off-campus.
4. Poor academic performance requiring extra instructional assistance.
5. Any reason which leads the student's parent or administrator to feel that it is not in the student's best interest to retain this privilege.
6. Student accumulates more than 4 tardies for the class after the lunch period.
7. Students who have a truancy and/or owe obligations.

Parents may revoke permission to leave campus during lunch by contacting the student's administrator.

**AS A PARENT OR GUARDIAN, I HAVE CAREFULLY READ THE CONDITIONS ABOVE AND AGREE TO THE REQUIREMENTS STATED. I GIVE MY PERMISSION FOR OFF CAMPUS LUNCH. Please include phone and email contact information for verification and confirmation purposes.**

\_\_\_\_\_  
*Parent/Guardian Name: (please print)*

\_\_\_\_\_  
*Parent/Guardian Signature                      Date*

\_\_\_\_\_  
*Parent/Guardian Phone Number*

**AS THE STUDENT, I HAVE READ THE ABOVE OFF CAMPUS RULES AND AGREE TO ABIDE BY THEM AND ACT RESPONSIBLY. I UNDERSTAND THAT IF I DO NOT HAVE MY I.D., I MAY NOT GO OFF CAMPUS THAT DAY.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*