

STUDENT NAME: _____

HOPE ACADEMY

STUDENT OFF-CAMPUS PRIVILEGES POLICY 2023-2024

THE PRIVILEGE OF OBTAINING RIGHTS TO LEAVE CAMPUS DURING THE SECONDARY LUNCH PERIOD, WALK OFF CAMPUS AT THE END OF THE SCHOOL DAY, OR DURING AN EXTENDED TIME BETWEEN CLASSES REQUIRES PARENTAL CONSENT AND ADMINISTRATIVE APPROVAL. THIS IS A PRIVILEGE FOR STUDENTS WHO HAVE DEMONSTRATED PERSONAL RESPONSIBILITY IN ALL ASPECTS OF THEIR ACADEMIC AND FINANCIAL OBLIGATIONS. IN ADDITION, IT REQUIRES STUDENTS TO CONSTANTLY ADHERE TO THE GUIDELINES OF THE POLICY.

INITIAL BELOW FOR UNDERSTANDING / AGREEMENT OF THE OFF-CAMPUS PRIVILEGES POLICY.

PARENT	STUDENT	AGREEMENT
		OFF-CAMPUS PRIVILEGES ARE FOR 10 TH -12 TH GRADE STUDENTS ONLY.
		ALL STUDENTS LEAVING CAMPUS MUST REPORT TO THE OFFICE STAFF TO SIGN-OUT AND SIGN-IN TO ENSURE THAT THE SCHOOL IS ALWAYS AWARE OF STUDENT LOCATION.
		STUDENTS WHO DO NOT HAVE A GOOD ACADEMIC STANDING MAY HAVE THEIR PRIVILEGES REVOKED BY EITHER THE SCHOOL ADMINISTRATION OR A PARENT / GUARDIAN.
		STUDENTS WHO HAVE BEEN DISCIPLINED MAY HAVE THEIR PRIVILEGES REVOKED BY THE SCHOOL ADMINISTRATION OR A PARENT / GUARDIAN BUT MAY EARN IT BACK.
		DISCIPLINARY PROBLEMS WILL INCLUDE ANY REPORTS OF UNRULY BEHAVIOR FROM NEARBY ESTABLISHMENTS OR OTHER STUDENTS WILL BE INVESTIGATED TO VALIDATE THE CONCERNS.
		STUDENTS MUST HAVE THEIR PARENT / GUARDIAN PERMISSION AND HAVE A STUDENT OFF-CAMPUS PRIVILEGES POLICY SIGNED AND ON FILE WITH HOPE ACADEMY BEFORE THEY WILL BE ALLOWED OFF-CAMPUS.

PLEASE INDICATE WHICH PRIVILEGE THE STUDENT IS BEING GIVEN PERMISSION FOR:

- LUNCH PERIOD OFF-CAMPUS
 END-OF-DAY OFF-CAMPUS
 EXTENDED "SCHEDULE GAP" DURING THE SCHOOL DAY - MUST HAVE ADMINISTRATIVE APPROVAL
 RIDE WITH ANOTHER PERSON [IF SO, INDICATE WHO IS ALLOWED]

I AM GIVING PERMISSION FOR MY STUDENT TO LEAVE THE SCHOOL CAMPUS AS DESIGNATED ABOVE BY DRIVING, WALKING OR RIDING WITH ANOTHER PERSON. I UNDERSTAND THAT BY GIVING MY PERMISSION, THE SCHOOL CANNOT BE HELD LIABLE FOR ANY ACTIONS OF THE STUDENT OR OTHERS OR POSSIBLE INJURIES WHILE THEY ARE OFF THE SCHOOL CAMPUS. THESE PRIVILEGES ARE FOR STUDENTS THAT MEET THE ABOVE REQUIREMENTS ONLY. MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTOOD AND AGREE WITH THE RULES AND GUIDELINES OF THE STUDENT OFF-CAMPUS PRIVILEGES POLICY.

STUDENT SIGNATURE

DATE

PARENT / GUARDIAN

DATE

