

DUE IN THE MAIN OFFICE
REDMOND HIGH SCHOOL
LUNCH / OFF CAMPUS PASS 2009
2nd SEMESTER

Student Last Name

First Name

Student #

Year in School _____ Jr.
(check one) _____ Sr.

My GPA on the previous semester is 2.5 or better _____
(We will verify the GPA)

REGULATIONS CONCERNING USE OF A LUNCH/OFF CAMPUS PASS: Redmond High School is a closed campus. Students are required to remain on campus the full school day unless a pass has been obtained. Juniors and Seniors with grade point averages of 2.5 or better on the previous semester are eligible for passes, with parent permission. **No pass will be issued to students with outstanding fines.**

A pass allows a student to:

1. Leave campus for lunch by walking home or leaving in a vehicle.
2. Students are required to carry their off campus pass/ID card with them at all times.
3. You **MUST** exit through the main doors at the front of the building

A pass does not allow a student to:

1. Leave for non-regularly occurring reasons, such as an appointment. These need to be cleared through the Attendance Office.
2. Leave during assemblies.

When off campus, students are expected to conduct themselves in a responsible manner. Loitering in a neighborhood or park is not allowed. Students are responsible for returning to the campus on time. **Off campus privileges will be revoked for students loitering off campus, unable to return on time from lunch, or transporting other students who do NOT have off campus privileges.** _____ (student initials)

OBTAINING AND USING THE PASS: The student should return this completed form to the Main Office secretary. When the pass has been approved, the student will receive a sticker for his/her ID card. A student must have his/her ID card with a valid sticker to leave, and must show it upon request. (A student must have his/her ID card/sticker on their person to be eligible to leave campus.)

PERMISSION:

I give permission for _____, of which I am the parent or legal guardian, to leave campus during the school day for lunch. I absolve RHS personnel of any responsibility for my student off campus. I understand this privilege may be denied or revoked for due cause by an administrator.

Parent/Guardian Signature

Printed Name

Phone (Home) _____

Date

(Work) _____

(Cell) _____