

LUNCH PASS APPLICATION

This form is to acknowledge that _____ of

(Student Name: Last Name, First Name)

(Grade)

_____ (_____) will have the privilege to go off campus
(Section) (Student ID Number)

during lunch as long as the following conditions are met:

1. The student will not take other students to go out of the campus who are not authorized to leave.
2. The student will return to school for the remainder of the school day.
Note: If a student becomes ill while off-campus, a parent or guardian must call the Information Office to notify. The student must present a parent's note to the Class Adviser upon return to school. Failure to notify properly will be treated as skipping or cutting classes.
3. The student will maintain an acceptable conduct record in under the policies of GT Northeast Academy.
4. The student will return to class on time.
5. The student and parent or guardian are responsible for where the student goes for lunch and transportation.
6. Students who do not show their LUNCH PASS will not be allowed to leave the campus.
7. The school assumes no extra liability for any accident or injury incurred in the exercise of this permit.
8. If the lunch pass is misplaced, the charge for a replacement pass is 50.00.

Students exercising off-campus lunch privileges are subject to rules of student conduct applicable during the regular school day. The abuse of any of these provisions may result in a suspended or terminated LUNCH PASS and other disciplinary consequences.

Parent/Guardian Name _____
Home Address _____
Home Phone _____ Work Phone _____
Cell Phone _____ Parent Email Address _____

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

Signature over Parent/Guardian's printed name /Date

Signature over Student's printed name/ Date