

Vancouver School of Arts and Academics

Off-Campus Lunch Pass 2016 - 2017

Juniors and Seniors may apply for an Off-Campus Lunch Pass, with the approval of a parent/guardian and the associate principal. This privilege may be revoked at any time if the student does not adhere to the requirements of the pass. Students must not have any outstanding fines. *Only completed forms accepted.*

(No one may leave campus the first two weeks of school.)

Reasons for revocation may include:

- Taking an extended lunch or truancy from classes or truancy from enrichment.
- Three (3) tardies to advocacy/class caused by your leaving campus.
- Loaning the pass to other students.
- Transporting other students in your vehicle is discouraged.
- Violations of state/district/building policies regarding safe student behavior.
- **This pass is for a student's assigned lunch time only. Student must initial indicating they are aware of this expectation.** _____ (Initial here)
- Failure to maintain academic eligibility (2.75 GPA and no F's).
- Truancy from enrichment

_____/_____/_____ Today's Date Advocate _____ 1st lunch or 2nd lunch

_____ _____ Junior or Senior
Last Name (PRINT) First Name (PRINT)

- I wish to go off campus for lunch. (*I understand that this pass is for my assigned lunchtime only*)
- I agree to register my car with the office (get a parking pass) and observe all rules and regulations of the state pertaining to the operation of a vehicle.
- I will be on time to all of my classes, including advocacy, enrichment and core.
- I will not loan my pass to others. If I do, I will be subject to cancellation of privileges and/or possible discipline.
- I understand that transporting other students in my vehicle is discouraged.
- If I break any of the rules regarding this pass, I understand that it may be revoked.

Student Signature: _____ Date: ____ / ____ / ____

I approve my son/daughter's request for this pass and understand that any violation of this privilege may result in its cancellation and/or student discipline.

Parent's Signature: _____ Date: ____ / ____ / ____

Advocate's Signature: _____ Date: ____ / ____ / ____

Business Office: Student has no outstanding fines as of _____ date. Signature _____

*Return form to **main office** for administrator's approval.*

Approved Denied – Reason: _____

Administrator's Signature _____ Date: ____ / ____ / ____