

**ATTACHMENT A**

**CAMPUS PRIVILEGE PROGRAM: PARENT/GUARDIAN PERMISSION**

**[INSERT NAME OF SCHOOL]**

\_\_\_\_\_ **Adv.** \_\_\_\_\_  
**Student Last Name** **Student First Name**

I understand the definition of the campus privilege program as it pertains to **[insert name of school]** as described to be in Lower Merion School District Policy and Administrative Regulation 243 as well as in the Student Handbook.

**I WISH TO EXPRESS MY PREFERENCE TO THE SCHOOL CONCERNING MY CHILD AS FOLLOWS:**

**I PERMIT my student to participate in the Campus Privilege Program.**

**If you are permitting your student to participate** in the Campus Privilege Program, please check yes or no:

**Yes**    **No**   My child may come to school late if they do not have a class during 1A, 4B, 3C, 2D if they have their own way to arrive to school.

**Yes**    **No**   My child may leave school early if they do not have a class during 7A, 6B, 5C, 8D if they have their own way home.

**I DO NOT PERMIT my student to have the campus privilege program.**

**Date** \_\_\_\_\_  
**Parent or Guardian Approval**

**Home Phone** \_\_\_\_\_