

OFF CAMPUS APPLICATION

STUDENT NAME: _____ DATE: _____

PERIOD REQUESTED: _____ CURRENT GRADE: _____

SHELLEY HIGH SCHOOL'S NORMAL RECOMMENDATION IS FOR STUDENTS TO STAY IN A FULL ACADEMIC SCHEDULE

RULES:

- STUDENT MUST HAVE PARENT PERMISSION AND COMPLETED FORM.
- STUDENT **MUST NOT** BE ON CAMPUS DURING OFF CAMPUS PERIODS.
 - PARENTS TAKE RESPONSIBILITY FOR STUDENT.

REASONS FOR OFF CAMPUS (PLEASE CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> STUDENT IS BEING TAUGHT AT HOME | <input type="checkbox"/> STUDENT HAS A JOB |
| <input type="checkbox"/> STUDENT HAS LOST CREDIT FOR A CLASS | <input type="checkbox"/> STUDENT HAS ENOUGH CREDITS TO GRADUATE |
| <input type="checkbox"/> STUDENT IS ENROLLED IN ANOTHER ACCREDITED LEARNING ENVIRONMENT | |

WE HAVE READ AND UNDERSTAND THE RULES SET BY THIS OFF CAMPUS APPLICATION AND AGREEMENT

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

SCHOOL OFFICIAL SIGNATURE: _____