



Falls Lake Academy SMART Lunch Release Permission Form

Juniors and Seniors wishing to leave campus during SMART lunch must be in good standing academically, behaviorally, and in regards to attendance. All students leaving campus must have this permission form signed and on file with the office.

As part of the SMART lunch program, students report to their PAA every Monday during Firetime since Monday is a closed campus day. **No students may leave campus on Mondays for SMART lunch. Students must have passing grades, no excessive tardies and/or absences and no write ups in order to receive approval from their PAA via the SmartPass electronic hall pass system that will give them permission to leave campus for lunch for the remainder of the week.** Students will be expected to exit and return to campus via Green Road. Students must return to campus on time. Falls Lake Academy will not be responsible for the well being of students that leave campus. However, we expect students to use good judgment and represent Falls Lake Academy with dignity and respect while off campus.

Students that do not follow these procedures or who arrive late from SMART lunch, will have their release form revoked for a period of time up to the remainder of the year.

To be completed by parent:

By signing this form, I give permission for my child _____ to leave Falls Lake Academy High School during SMART Lunch periods Tuesdays-Fridays only. I hold Falls Lake Academy harmless when my child leaves school campus during this time period. I understand that I may revoke this privilege at any time by informing the school office in writing.

Parent Name: _____ Parent Signature: _____

Date: _____

To be completed by student:

I, _____, agree to abide by all school rules while on SMART lunch release and agree to abide by the procedures for SMART lunch release. I understand that my release privilege may be revoked by school administration for any violation of school policy and procedures. I agree not to transport off campus any student who is not authorized to leave campus and understand that doing so will result in revocation of my privilege to leave campus. I will represent Falls Lake Academy well while off campus.

Student Signature: _____ Date: _____