

# WEST CHICAGO COMMUNITY HIGH SCHOOL

## Counseling Department

### REQUEST FOR OFF CAMPUS PRIVILEGE

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade: \_\_\_\_\_

Date of request: \_\_\_\_\_ Period "off campus privilege" requested 1<sup>st</sup> OR 10<sup>th</sup> hour

According to state mandate, ALL students are to maintain a full schedule throughout the school day. The school is governed by instructional minutes per day and all students are expected to be in attendance for 300 instructional minutes. By District Policy, ONLY SENIORS are eligible to apply for OFF CAMPUS. Juniors enrolled in Coop Work Training may also apply if they work during 10<sup>th</sup> hour. **Off campus is a privilege and applies only to periods 1 and 10 of each day.**

Reason for off campus request \_\_\_\_\_

I understand that Community High School has a "closed campus" policy and any variation of such must be approved by administration. Violation of this privilege will revoke the conditions set up for my schedule. I will attend all of my classes and will honor the conditions of this privilege. I will not transport other students who do not have off campus privileges-if I do so this will violate the conditions of this privilege.

**Request for Off Campus must be submitted by May 1<sup>st</sup> of the PRECEEDING year.  
Requests made after that time will be honored at the discretion of the  
Division Head of Counseling.**

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

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