



# Off Campus Consent Form 2024-2025

Student Name:

(please print)

This is a request for the student named above to be off campus during the following scheduled period(s). This form must be signed by the parent, counselor, and approved by the Principal or Vice Principal of Academics.

Please check all that apply:

Period 1

**GRADE:** \_\_\_\_\_

Period 7

Your signatures consent to the following:

- Permission to be off campus during a scheduled class period is only permissible for periods one or seven.

Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

- Parent/Guardian assumes full responsibility for student during the period student is signed to be off campus; student may not be on any part of campus during the off campus period, including, but limited to, all spaces on the north and south side of campus, the library, center room, lunch tables, Bistro, athletic fields, etc.

Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

- For safety and security, students may not selectively come to campus on a day-to-day basis during the off-campus period. Off campus consent is in effect for the entire semester.

Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

- If student is not successfully progressing in the online course, not demonstrating active class participation, or at-risk of not successfully completing the course; the Off Campus Consent Form may be revoked by administration and student asked to return to campus for the designated course period.

Student Initials: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counseling Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Vice Principal of Academics  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_