



VIRGIN VALLEY HIGH SCHOOL

820 VALLEY VIEW DR. ♦ MESQUITE, NV 89027

PHONE 702-346-2780 ♦ FAX 702-346-7265

OFF CAMPUS PASS

Student Name _____

Student Number _____

I _____, give my student permission during _____ period(s) to leave the campus of Virgin Valley High School to go _____, with the understanding that they are to leave by themselves and not take other students with them.

When my student leaves campus, I _____, understand that Virgin Valley High School or Clark County School District, is not liable for anything that may happen to my student off campus.

Students Signature _____

Parent Signature _____

Date _____