



JSERRA CATHOLIC HIGH SCHOOL

FAITH. INTELLECT. CHARACTER.

Off Campus Consent Form 2026-2027

Student Name: _____
(Please Print)

Grade: _____

Parent Name: _____ Parent Phone: _____
(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 Vice Principal of Academics.

Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7
☐	☐	☐	☐	☐	☐	☐

check all periods that apply

Your signatures consent to the following:

- Parent/Guardian assumes full responsibility for student during the period student is signed to be off campus.
Student Initials: _____ Parent Initials: _____
- Student may not be on any part of campus during the off-campus period, including, but not limited to, all spaces on the north and south side of campus, the Brakke Family Learning Center, Center Room, Lunch Tables, Quad, McMackin Bistro, Pavilion, 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 the student must return to campus for the designated course period.
Student Initials: _____ Parent Initials: _____

Student Signatures: _____ Date: _____

Parent Signatures: _____ Date: _____

Signed Form must be returned to Student's Counselor

School Use Only

Counselor Name: _____ Counselor Signature: _____

Reason for Request: _____

Vice Principal of Academics Signature: _____ Date: _____

Date Student Notified: _____

Form Updated: 07/28/26