

**EVERETT HIGH SCHOOL
OFF CAMPUS LUNCH APPLICATION
2022-2023**

Student Name: _____ Student ID: _____ Student Grade: _____

Off Campus Lunch is a privilege available to **Juniors & Seniors** meeting ALL the following requirements:

- Parent permission
- Completed and approved Off Campus Lunch application
- A current EHS identification card
- No attendance or discipline issues
- No drug/alcohol/or tobacco infractions on record

Directions:

1. Complete and return the Off Campus Lunch Application to Ms. Ramirez in the Main Office.
2. If approved, Ms. Ramirez will affix an Off Campus sticker to your identification card. Off campus stickers are distributed to students before school, after school and at lunches.

Reasons Off Campus Lunch privileges may be revoked, but not limited to:

- Drug/alcohol/tobacco use during school, lunch or extracurricular activities
- Discipline or attendance issues
- Lending your pass to others

Parent/Guardian:

I, the parent/guardian of _____, am aware of the Off Campus Lunch option available to my student. I understand that with this signed form, I am authorizing my student to take advantage of the privilege to leave the school campus for their scheduled lunch. I understand that they are responsible for returning to campus before the end of their scheduled lunch period. I understand that the school will not be supervising off-campus students and that supervision and transportation are the responsibility of the parent/guardian signing this form. The school is not responsible for my student during the time they are off campus. I understand that the continued exercise of this privilege is conditional upon mature and responsible conduct off campus as well as exemplary attendance.

I agree that should my student's conduct off campus result in a suspension, they are subject to revocation of this privilege. Furthermore, I understand that they will be held to the laws enforced by Everett Police Department and the Snohomish County Sheriff's Department, should they be violated. I believe that my student understands the responsibilities that accompany this privilege, and I agree that they will fulfill them.

Print Name

Parent/Guardian Signature

Date

Student:

I understand the responsibilities and rules of the Off Campus Lunch privilege, and I agree to abide by them. I understand that I am accountable for my actions while off campus. I understand that I must show my Off Campus sticker on my identification card when requested.

Print Name (Parent/Guardian)

Parent/Guardian Signature

Date

Print Name

Student Signature

Date