Off Campus Parental Agreement

Student's Name_____ DOB_____/_____/_____

Home Address_____

City_____ State_____ Zip Code_____

This permit is specifically designed to reach a mutual understanding as to the permissions, you, the parent, wish your child to have for overnight, weekend, and vacation leaves. Please only mark one box. This is a document that can be altered by you at any time. We request that these changes be in writing.

- ☐ **Standing permission for home only** – indicates that your child may go home anytime that is in harmony with school rules.

- ☐ **Special permission** – indicates that your child may leave campus in harmony with school rules to places and at times agreeable to you, the parent. Please specify the homes and other locations you give permission for your child to stay.

- ☐ **Stand general permission** – indicates that your child may go anywhere at any time that is in harmony with school rules with no restrictions.

Name_____

Address_____

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Phone #_____

Name_____

Address_____

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Phone #_____

Name_____

Address_____

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Phone #_____