Guidelines and Procedures of Open Campus Privileges:

* The student’s parent or guardian must complete this permission slip.
* Only juniors and seniors are eligible for open campus privileges.
* Open Campus privilege only applies during the student’s scheduled lunch period.
* Students with attendance and/or disciplinary infractions may lose off-campus privilege at the discretion of CCAHS administration.
* Students are expected to adhere to all school policies while off campus for lunch.
* Policy infractions may result in temporary or permanent loss of open-campus privileges in addition to other disciplinary consequences as outlined in the CCAHS Handbook.

Student/Parent Commitment:

* I agree to abide by these guidelines for open-campus privileges.
* I understand that all school policies apply during the lunch period.
* I understand that policy or behavioral infractions may result in a temporary or permanent loss of open-campus privileges at the discretion of CCAHS administration.

Student name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print parent/guardian name), grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print student name), to leave the CCAHS campus during his/her scheduled lunch period. I understand and acknowledge that the Cross Christian Academy is not responsible or liable for any events that occur during my child’s open campus lunch period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date