



SENIOR PRIVILEGE PERMISSION FORM

NAME _____ DATE _____

Senior privilege allows eligible students to leave campus during lunch. This privilege is earned by having achieved a 2.5 (B-) GPA with no "F" grades for all classes at the end of 4th quarter of the student's junior year in addition to principal approval. The privileges are thereafter maintained by upholding these standards at progress report time (5th and 14th week of the semester) and quarterly report card times.

- Seniors not eligible at the time of grade check lose privileges for one week.
- To be reinstated, after one week, students must complete and turn in a Senior Privilege Eligibility Grade Check Form.

Failure to meet Senior privilege guidelines will result in the following discipline:

- 1st offense – Loss of privilege for ONE calendar week
- 2nd offense – Loss of privilege for TWO calendar weeks
- 3rd offense – Loss of privilege for FOUR calendar weeks

STUDENT AGREEMENT:

I agree to cheerfully and cooperatively meet the following conditions of Senior privilege:

- A. I will use my Senior Privilege in a responsible manner.
- B. I will leave campus each time the privilege is used (during lunch).
- C. I understand that Senior Privilege only applies to lunchtime. I am aware that I cannot use Senior Privilege during a T.A. period, homeroom, study hall or break.
- D. I understand that I am to sign out with the Secondary Office each time I leave campus and sign in upon my return. I must write down my specific destination. Another student may not sign in/out for me.
- E. I will return on time for the next class (even on the days with an unusual schedule).
- F. I understand that failure to comply with the conditions listed above or to conduct myself in a responsible manner while at school may result in the loss of this privilege.

Student Signature: _____

Date: _____

I hereby grant permission for _____ to participate in the SCS Senior Privilege Program. I have read and understand the guidelines above and in the Parent/Student Handbook. I may withdraw this privilege from my student at any time by contacting the Secondary Office.

Parent Signature: _____

Date: _____

ADMINISTRATOR'S APPROVAL:

Administrator's Signature: _____

Date: _____

SENIOR PRIVILEGE begins Monday, September 19, **provided that** this form has been turned in to the Secondary Office and approved by an Administrator.

