

# Junior and Senior Off Campus Lunch Permission Form

2025-26 Rainier Beach High School

Student Full Name \_\_\_\_\_ ID#: \_\_\_\_\_

Grade: \_\_\_\_\_

As the parent/guardian of the student above, I am aware of the "Off Campus" privilege available to my student per school and district policy. I understand this privilege is only available to 11th and 12th grade students **during their lunch period**.

By signing this form, I consent to my student leaving campus for his/her lunch and fully understand that the school will not provide supervision for off-campus, nor will the school be responsible for my student during the time they are off campus. This consent is valid for the current school year.

I further understand that this is a privilege and conditioned upon the following expectations:

- Mature and responsible conduct while off campus.
- Respect for the property and personal rights of others and the community.
- Arriving back on campus on time for class.
- Not encouraging, transporting, or socializing off campus with students that do not have off campus permissions.

I agree that should my student act inappropriately while off campus by violating any of the expectations above or engaging in inappropriate or illegal conduct, that this privilege shall be revoked. If you have any questions or concerns, please contact your student's administrator. As the parent/guardian, I understand the expectations of this privilege and I give permission for my student to leave campus for the lunch period only.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As a student, I understand the expectations of this privilege and agree to comply with all of them. I will be accountable for my actions while off campus.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* 9th and 10th grade students ARE NOT eligible for Off Campus per school policy. Make sure you complete all areas of this form so we can process. If approved, we will add your name to Off Campus Lunch list.**

**PLEASE RETURN YOUR COMPLETED FORM TO THE MAIN OFFICE or email to [tgreig@seattleschools.org](mailto:tgreig@seattleschools.org)**

TO BE COMPLETED BY ADMIN:

This consent is \_\_\_\_\_ APPROVED \_\_\_\_\_ REVOKED

If revoked, state reason: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_