



Winthrop High School

SENIOR PRIVILEGE PERMISSION FORM 2014-2015

Student
Name

_____ *Please print.*

Student Statement: I have read the Policy for Off-Campus Senior Privileges and plan to participate. I agree to take responsibility for maintaining appropriate and safe conduct during my time off-campus.

Student Signature

Date

Parent/Guardian Statement: I have read the Policy for Off-Campus Senior Privileges and give my permission for my son/daughter to participate in the Off-Campus privilege. I understand that the Winthrop Public Schools will not be responsible for my son/daughter during the Off-Campus time.

Parent/Guardian Signature

Date

Parent/Guardian
Name

_____ *Please print.*

Students must return this signed, completed form to their homeroom teacher by Friday, September 13th to be eligible for this privilege.