

*Sunlake High School*



## Senior 7<sup>th</sup> Period Lunch Application for 2019-20 Parent Permission Agreement Form

Student Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

My student has my permission to have the senior privilege of 7<sup>th</sup> period lunch **as long as it is possible with his or her class schedule**. I understand my student will not be eating lunch offered on Sunlake High School's campus. NOTE: If the student's schedule includes classes at Marchman Technical College or a class at SLHS that is only offered during 7<sup>th</sup> period, then having 7<sup>th</sup> period lunch will not be possible.

The following conditions are required to participate in the 7<sup>th</sup> period lunch privilege:

- The student **MUST BE** classified as a Senior: Cumulative unweighted GPA of 2.0 or higher **AND** at least 17 credits earned by the start of senior year. (Students on the 18-credit plan must have successfully passed ALL of their English, math, science, and social studies classes from previous years in order to be approved.)
- The student is not a PM bus rider.
- The student **MUST** leave campus immediately after 6<sup>th</sup> period with reliable transportation. (Students who have extracurricular activities may return to campus when those activities begin; however, they must be off campus during 7<sup>th</sup> period as per this agreement.)
- The student's course requests and class schedule can accommodate 7<sup>th</sup> period lunch.
- The student remains in good standing with the school throughout the school year. This includes having a positive disciplinary status and following all school and parking lot rules.
- The student has turned in this completed Parent Permission Agreement Form with all signatures.

**NOTE: If a student violates any of the conditions at any time, their privilege may be revoked and a new schedule created.**

*We, the undersigned, agree to the conditions on this form for 7<sup>th</sup> period lunch for the 2019-20 school year at Sunlake High School.*

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to your counselor or to Mrs. Caldwell no later than the last day of 4<sup>th</sup> Quarter.