

Student ID # \_\_\_\_\_

## Menchville High School 2019-2020 OFF-CAMPUS PASS APPLICATION

\*\* Complete application with the proper signatures and information. Return to Kyle Lumsden, Activities Director \*\*  
Questions? E-mail: [kyle.lumsden@nn.k12.va.us](mailto:kyle.lumsden@nn.k12.va.us) , Phone: 757-886-7722 x45686

**\*Note:** An Off-Campus Pass permits eligible students to leave the campus **ONLY** during the lunch periods or due to work-training / off-campus programs. All other departures from the school grounds require students to use established check-out policies. Remember, the ability to travel off campus for lunch is a **privilege**, not a right. **It may be revoked at any time.**

### Closed Campus Policy

1. Students in grades 9 through 11 will **not** be permitted to leave the school grounds during the school day unless accompanied by a parent or guardian, or someone designated by the parent or guardian.
2. Exceptions to the policy for juniors will be permitted for those students enrolled in work training or other off-campus educational programs; however, application must be made, including parental signature.
3. Seniors may apply to leave school grounds during lunch, provided application is made by the student and signed by the parent or guardian. **Seniors must have an off-campus pass with them or they will not be permitted to leave during lunch.**
4. Each student who applies will have a conference with the principal or designee who will make the decision and issue the approval if appropriate.
5. **Off-campus passes may be revoked by administration for the following reasons: abusing the privileges of the off-campus pass, truancy, reckless/careless behavior in the parking areas, school misconduct or inadequate classroom performance, or generating fraudulent passes. Transporting students who do not have authorization to be off-campus will also result in the loss of passes.**
6. **Lost Off-Campus passes can be replaced for a fee of \$5.00.**
7. **Return this Form to Kyle Lumsden (ACTIVITIES mailbox in the Main Office).**

### **PLEASE PRINT CLEARLY!**

Student Name \_\_\_\_\_

1. Homeroom Location \_\_\_\_\_ Grade Level \_\_\_\_\_
  2. Reason for Request to Leave School Grounds (circle all that apply):  
Lunch    New Horizons (AM or PM)    Governor School (AM or PM)    Telecomm (AM or PM)    Work Period
  3. If you have a work period, where is your place of employment? \_\_\_\_\_
- I have read and agree to follow the policies listed above associated with having an off-campus pass. I understand that this privilege will be withdrawn if abused.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

- I have read and agree to follow the policies listed above associated with having an off-campus pass. I concur with the request for leaving the school grounds during lunch or due to an off-campus work-training or off-campus program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_  
For Activities Director: