

JUNIORS AND SENIORS ONLY

COST \$10.00

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

PERMISSION FOR ABSENCE FROM CAMPUS DURING LUNCH, SCHOOL RESPONSIBILITY RELEASE and TARDY RETURN RULES

_____ SCHOOL SCHOOL YEAR _____ - _____

Parent/Guardian: You must sign form in front of a Notary Public.

State of Florida, County of _____,

I _____, being duly sworn, state that I am the father, mother,
Print name

legal guardian of _____ grade _____ Student I.D. # _____
Print student's name

and hereby give my consent for my student to be absent from the school premises during his/her assigned lunch period. By signing this permission form, I hereby release the School District of Osceola County, its officers, agents, employees and assigns from responsibility while my student is away from the school premises.

I understand that the privilege accorded pursuant to this permission form may be revoked at any time if my student:

1. Transports ineligible students away from the school premises during the lunch period.
2. Brings food or drink on campus.
3. Fails to check out with the administrator on checkout duty.
4. Fails to have the proper lunch pass with picture ID in his/her possession while checking out.
5. If "permanent" pass is lost or misplaced, temporary passes or notes from teachers will not be accepted. Students without their "permanent" pass MUST eat lunch at school until pass is found or a new one is made.
6. Otherwise abuses the privilege.

Additionally, I understand if my student returns late (tardy) to class from lunch, his/her pass will be suspended:

1. Two (2) weeks for the first tardy.
2. Nine (9) weeks for the second tardy.
3. Revoked for the remainder of the year for the third tardy.

Determination to revoke/suspend pass shall be made by the school administration, whose determination shall be final.

This form is valid for one (1) school year.

Signature of parent/guardian _____ Date _____

Sworn to and subscribed before me on _____, 20 _____

by _____ He/she is

personally known to me or has produced:

_____ as identification.

Notary Signature

Name of Notary typed, printed or stamped

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
PERMISO PARA ESTAR AUSENTE DEL RECINTO ESCOLAR DURANTE EL ALMUERZO, EXENCIÓN DE RESPONSABILIDAD DE LA ESCUELA Y REGLAMENTOS ACERCA DE TARDANZAS

_____ ESCUELA AÑO ESCOLAR _____ - _____

Padre/Tutor: Debe firmar esta forma frente a un Notario Público.

State of Florida, County of _____,

Yo _____, habiendo jurado, expongo que soy el padre, la madre,
Nombre en letra de imprenta

el tutor legal de _____ grado ____ # de identificación del estudiante _____
Nombre del estudiante en letra de imprenta

y por medio de la presente doy mi consentimiento para que mi estudiante se ausente del recinto escolar durante su periodo asignado para el almuerzo. Al firmar esta forma de permiso, por la presente, libero al School District of Osceola County, sus directores, agentes, empleados y asignados de responsabilidad durante el tiempo que mi estudiante esté fuera del recinto escolar.

Comprendo que el privilegio concedido de acuerdo a este permiso puede ser retirado en cualquier momento si mi estudiante:

1. Transporta a alumnos no elegibles fuera del recinto escolar durante el almuerzo.
2. Trae comida o bebidas al recinto escolar.
3. No reporta su salida al administrador a cargo de salidas.
4. No lleva consigo el pase apropiado, con fotografía, al salir.
5. No se aceptarán pases temporales ni notas de maestros si el pase "permanente" se ha perdido. Los alumnos que no tengan su pase "permanente" DEBEN almorzar en la escuela hasta que el pase se encuentre o hasta que se proporcione uno nuevo.
6. Cualquier otro abuso del privilegio.

Además, comprendo que si mi estudiante regresa tarde a clases después del almuerzo, su pase será suspendido:

1. Dos (2) semanas por la primera tardanza.
2. Nueve (9) semanas por la segunda tardanza.
3. Revocado por el resto del año por la tercera tardanza.

La decisión de revocar/suspender un pase será hecha por la administración escolar cuya determinación será final.

Esta forma es válida por un (1) año escolar.

Firma del padre/tutor _____ Fecha _____

Sworn to and subscribed before me on _____, 20 ____
by _____ . He/she is
personally known to me or has produced:
_____ as identification.

_____ Notary Signature _____ Name of Notary typed, printed or stamped