

SANDALWOOD HS OFF CAMPUS LUNCH APPLICATION

STUDENT NAME _____ **GRADE** _____ **STUDENT #** _____

PARENT NAME _____ **ADDRESS** _____

PARENT PHONE # _____

Eligibility requirements:

1. Valid 11th or 12th grade ID card
2. 2.0 GPA
3. Not more than 4 unexcused absences or tardies for the prior 9-week period
4. No CLASS III/IV referrals and/or not more than 3 CLASS II referrals for the current/prior school year.

OFF CAMPUS LUNCH PRIVILEGES WILL BE REVOKED FOR THE FOLLOWING VIOLATIONS

1. Loitering outside in the parking lot or in other areas not designated as lunch areas
2. Leaving without proper ID
3. Bringing food or drinks back on campus (all food must be consumed off campus)
4. Leaving campus in a car with a student who does not have parking privileges
5. Non-compliance with eligibility requirements above

I (print parent/guardian name) _____, as parent/guardian of (print student name) _____ agree that my son/daughter will follow all rules and regulations connected with the off campus lunch program. I have read and understand the qualifications and conditions of the off campus lunch program. I acknowledge that the off campus lunch pass can be revoked for failure to meet the qualifications or abiding by the conditions. I understand my son/daughter and I are responsible for his/her behavior and actions, including accidents while off campus and in no way will I hold Sandalwood HS, Duval County Public Schools or any DCPS employee responsible for my child's actions.

I agree to allow my son/daughter to ride in a vehicle driven by another student who has a parking pass and is allowed to leave campus. (parent initial) _____

Parent signature _____ Date _____

Student signarue _____ Date _____

Notary signature and seal _____