## Community High School District 155 JUNIOR/SENIOR RELEASE FORM

Student Name (Please Print)	I.D. Number
	udy hall/scheduled lunch period. Parents must grant permission for . Juniors and seniors in classes designated as blended learning
	during study hall/lunch/blended learning flex periods on the days specified in ted to leave campus without administrative permission at any other time. privilege agree to abide by the following policies and procedures:
	a junior/senior privilege. There are certain responsibilities that accompany this eir responsibilities may have the study hall/lunch/blended learning flex period d for the following reasons:
<ul> <li>Returning to the school under the influence of illegal subs</li> <li>Leaving school without permission during class time</li> <li>Excessive tardies when returning to school</li> <li>Receiving multiple out-of-school suspensions</li> <li>Committing acts of vandalism, littering, loitering, or any other circumstances that warrant revocation of this privile</li> </ul>	her criminal act during the commons/lunch period
designated by the administration. Those students that attempt to le remainder of the school year. Those students who attempt to take the school year.	od release revoked may earn back the privilege in a specific period of time eave campus while their privilege is revoked may lose their privilege for the freshmen with them may lose their privilege.
I would like to be allowed to leave for Study Halls - yesno	
would like to be allowed to leave for Lunch - yes no	
I would like to be allowed to leave for Blended Learning Flex Days	(as applicable) - yesno
terms and conditions, and I understand that any violation of selearning flex period release privilege being revoked for a spec	hall/lunch/blended learning flex period release privilege. I agree to all uch terms and conditions may result in my study hall/lunch/blended ified period of time. Students in blended learning classes are not y granted by their teacher. Teachers will communicate criteria for flex
Student Signature	Date
PARENT OF JUNIOR/SENIOR: PLEASE READ AND SIGN BELO	ow
grant my child permission to leave campus during his/her sp	ecified study hall/lunch/blended learning flex period on those days ny student does not comply with the terms and conditions set forth in
Parent Name (Please print)	Parent
Ciana de uma	Data

Daytime Phone Number (\_\_\_\_\_)\_\_\_