

ECHHS Student ID # _____

Off-Campus Pass # _____

East Chapel Hill High School
500 Weaver Dairy Road
Chapel Hill, NC 27514

**SENIOR OFF-CAMPUS PRIVILEGE AGREEMENT
2024/2025**

**THIS FORM MUST BE SIGNED BY THE STUDENT'S PARENT/GUARDIAN IN THE PRESENCE OF
AN ECHHS STAFF MEMBER OR NOTARY (refer to p.3) IF STUDENT IS UNDER 18.
NO EXCEPTIONS**

(Clearly Print Name): _____ has permission to leave
campus during their **lunchtime and/or their free period.**

Parent/Guardian Signature

Date

Address

City, State, Zip Code

Home Phone #

Cell Phone #

WITNESSED BY ECHHS STAFF MEMBER: _____ DATE: _____

RETURN COMPLETED FORMS TO **LAURA BOWEN, MAIN OFFICE**

STUDENTS MUST HAVE THEIR **STUDENT ID** TO PICK UP THEIR OFFICE CAMPUS STICKER

SENIOR OFF-CAMPUS PRIVILEGE AGREEMENT

SENIOR OFF-CAMPUS PRIVILEGE PASSES WILL BE **ISSUED EACH QUARTER** AND THE STUDENT'S ACADEMIC STANDING AND ATTENDANCE WILL BE MONITORED FOR ELIGIBILITY EACH SUBSEQUENT QUARTER.

WHEN LEAVING CAMPUS YOU MUST HAVE YOUR SCHOOL PICTURE ID WITH YOU AND BE PREPARED TO PRESENT IT WHEN STOPPED AT THE ECHHS CHECKPOINTS.

SENIOR OFF-CAMPUS PRIVILEGES MAY BE SUSPENDED OR REVOKED FOR REASONS INCLUDING BUT NOT LIMITED TO:

- Not passing 70% of classes (at least 5 of 7 classes) each semester
- **They have 5 or fewer unexcused absences in each class per quarter.**
- **They have 10 or fewer unexcused tardies in each class per quarter.**
- Using any illegal or controlled substance while off campus.
- Failing to display ID when entering or exiting campus during lunch.
- Transporting students who don't have off-campus privileges off school grounds without proper authorization.
- Bringing food back to campus for other students.

STUDENTS WILL BE ALLOWED TO REAPPLY TO HAVE THEIR OFF-CAMPUS PRIVILEGES RESTORED ONCE THEIR ACADEMIC AND/OR ATTENDANCE STANDARDS HAVE BEEN MET FOR AN ENTIRE QUARTER.

I have read and understand the above reasons for possible suspension or revocation of my Off-Campus Privilege.

Student Signature: _____

Date: _____



**NORTH CAROLINA NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)**

State of North Carolina

County of _____

I, _____, Notary Public, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the attached ECHHS Student Parking Permit Application and/or ECHHS Senior Off-Campus Parking Agreement.

Witness my hand and official seal this _____ day of _____, 20__.

(Official Seal)

Official Signature of Notary

Notary's Printed or Typed Name

Notary Public

My Commission Expires: _____