

## Senior Privilege Application

(For Seniors Only—this form must be printed and handed into the school office.)

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

Student Cell Phone: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

SMCHS Permit Number: \_\_\_\_\_ Color: \_\_\_\_\_

1. During the school day, when not in a regularly scheduled class or school activity, I will be in the Resource Center, with another teacher for class help, in the Commons, out of the building or off of school property.
2. I have permission from my parents and school authorities to leave campus during lunch. (Open Campus Lunch.) I am responsible for not being tardy for my next regularly scheduled class period. When I return to campus from lunch, I need to wait in the Commons with the student body for the beginning of the next class period. I will not bring food back into the Commons from off campus sites.
3. I have permission from my parents and school authorities to leave campus after my last scheduled class each day. There will be certain days when an activity is planned after the last class period (e.g. Homecoming, pep rally, etc.). On these days, I must remain at school to attend this activity. I can be in the Commons, in the Resource Center, or getting help from another teacher on these specific days.
4. At no time will I be loitering in an area in school. I must be in the areas designated in the above. If loitering occurs repeatedly, I am in jeopardy of losing my Senior Privilege for a specific amount of time, as designated by the principal and associate principal.
5. To remain eligible for Senior Privilege, I must maintain at least a 2.00 GPA each quarter and not fail any of my classes. At any point that I am in danger of failing a class, my Senior Privilege may be revoked by the administration and I will be placed in study hall or guided study as solely decided by the administration. I also must maintain a positive discipline record and demonstrate positive leadership within the school.
6. This privilege may be revoked if I do not follow school rules, procedure, or policies. Requests to revoke this privilege may be made by my parents, my teachers, or any of the school authorities. The final decision to approve or revoke this privilege will be made by the principal or associate principal. If revoked, the privilege may be reinstated after a designated time determined by the principal or associate principal.

***STUDENTS: I understand and agree to follow the above rules concerning Senior Privilege.***

Student Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PARENTS: I request that my child be granted permission from the school to have Senior Privilege. I fully realize that I am responsible for any liability that my child may incur when he/she is off campus and that I cannot hold the school responsible for my child's actions or activities while off campus during school hours.***

Parent Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_