

**\*\*RETURN THIS FORM TO YOUR 3<sup>rd</sup> PERIOD TEACHER\*\***

Dear Parent or Guardian:

The Senior Open Campus Lunch dates for this school year are listed below. In order to participate, your student must return this form with your signature to his/her 3<sup>rd</sup> period teacher by **Wednesday, October 26, 2016**. **Phone calls or notes from parents will not be accepted.**

Seniors who participate must leave school property or be in the cafeteria or other lunch time areas in the school. **All school rules apply on or off campus.**

**Castle High School reserves the right to change the scheduled Open Campus Lunch dates for reasons such as weather or scheduling conflicts.**

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**SENIOR OFF-CAMPUS LUNCH PERMISSION FORM**

***RETURN THIS FORM TO YOUR 3<sup>rd</sup> PERIOD TEACHER***

\_\_\_\_\_ (*student name*) has my permission to leave Castle High School during his/her lunch period on the following dates:

**November 16**

**December 16 (4<sup>th</sup> and 6<sup>th</sup>) OR 19 (5<sup>th</sup>)**

**February 8**

**March 22**

**May 15\*\*\* (could be added if certain attendance goals are met)**

I understand that he/she must return to school and be in class for the remainder of the day. I also agree to hold Castle High School and the Warrick County School Corporation harmless of any injuries sustained by my student while participating in the Open Campus Lunch Program.

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*Parent Signature*

*Date*