

**Franklin High School
Junior/Senior Student Privileges
Parent Consent & Release Form**

By signing below as the parent/guardian of _____ I grant him/her permission to participate in Student Privileges during the 2018-2019 school year.

I authorize The District to permit my son/daughter to operate a motor vehicle, become a passenger in a motor vehicle, or travel by foot or other means of transportation in order to leave the school premises as part of Student Privileges.

I agree to assume responsibility for any bodily injury, property damage, or liability my son/daughter may receive or incur while participating in Student Privileges. I understand that the school insurance taken out for the school day does not cover our son/daughter if he/she uses Student Privileges.

I understand that I may request in writing that The District remove my son/daughter's privileges at any time. In addition, The District may revoke or suspend privileges for violations of school rules or other reasons deemed necessary by school officials. In such circumstances school officials will notify the parent/guardian in writing of this decision.

Juniors with privileges cannot leave school grounds during the day including lunches. They must be enrolled in four classes a day. With privileges a junior can setup an internship, a community service PROJECT, or Extended Learning Opportunity for either first block or last block of the day.

Seniors with privileges may come in late 1st block or leave early 4th block (only one may be chosen) provided they do not have a class scheduled. They cannot leave school grounds during the day including lunches unless their last class is a study hall. With privileges a senior can setup an internship, a community service PROJECT, or Extended Learning Opportunity for either first block or last block of the day and still have late arrival or early dismissal.

I understand and agree to the terms of this arrangement and have full knowledge of its significance.

Student printed name

Student signature

Date

Parent printed name

Parent signature

Date

For office use only:

Quarter 1 Yes _____ No _____

Quarter 3 Yes _____ No _____

Quarter 2 Yes _____ No _____

Quarter 4 Yes _____ No _____