

Only ***Classified Juniors & Seniors***  can be issued an off-campus lunch pass

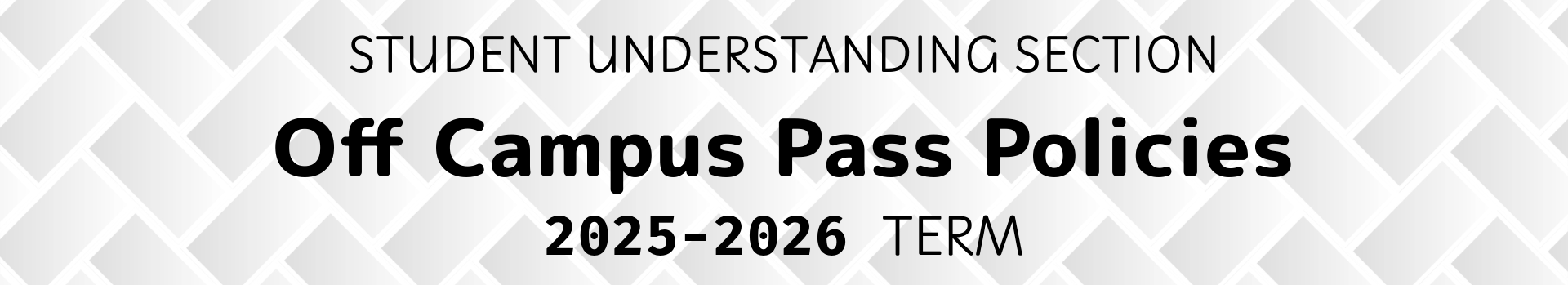
in accordance with Leon County School Policy 3.03(8).

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| **Instructions:** |
| 1. **Parent/Guardian: Must sign this form in front of a Notary Public \***  -**OR**- the parent/guardian may sign this form in front of a Chiles Office Staff member at the school. 2. PARENT & STUDENT: Check to make sure you do not owe a school Obligation (outstanding Fines/Fees, books not returned, Chromebooks, etc...) and clear it up before applying. 3. STUDENT: Read and sign the student section on page two of this application. **Turn in this completed paper form when you arrive to have your picture taken for the pass.** We do Not accept emailed or digital forms for this pass. |

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| Parent Section: |
| **This is to certify that my student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Circle One): Senior OR Junior  **Print LEGAL Name of your student**  **has permission to leave Lawton Chiles High School campus during the school lunch break**  **of 11:15 to 11:55am** [ &/**or** their scheduled DCT **/** Externship **/** Dual Enrollment period(s) ] **and that I accept full and complete responsibility for my student during the time he/she is off campus.**  Parent Name print :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * **NotarizedSignature** of Parent/Guardian**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *A Public Notary MUST witness parent signature* |

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| **Public Notary Section** |
| Sworn or affirmed and subscribed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_.  **Name & Signature of Notary Public**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Official Seal/Stamp:*** |

**Page 1 of 2**



**Pass subject to revocation for disciplinary or attendance issues**.

**You must remain in good standing with attendance and discipline to be able to continue off campus lunch privileges.**

**Follow the student code of conduct and truancy rules to remain in good standing.**

1. **EXITING CAMPUS:**

I understand that I am required to present my actual **2025-2026 term Off-Campus lunch pass card (and NOT a picture of it !)** each and every time when leaving campus at lunchbreak (Or DCT / Dual Enrollment/ Externship). I am to conduct myself in a positive manner out in the community while on lunchbreak as I continue to be a representative of Chiles High School during that time. \_\_\_\_\_\_\_\_\_**Student Initials**

1. **IF I FORGET MY OFF-CAMPUS LUNCH CARD:**

I get to stay on campus that day and can enjoy lunch in the cafeteria. \_\_\_\_\_\_\_\_\_**Student Initials**

1. **EXTERN, DCT/OJT & DUAL ENROLLMENT STUDENTS:**

If you *forget* your Off Campus Lunch Pass – you must **see your program teacher** for a handwritten pass to leave campus that day in order to attend your off-campus class/program. \_\_\_\_\_\_\_\_\_**Student Initials**

1. **RETURNING TO CAMPUS**:

Be prepared to show your lunch pass when re-entering campus. Students are not allowed to re- campus with food or drink for themselves or anyone else. No excessive tardies to 5th period per each grading period. \_\_\_\_\_\_\_\_\_**Student Initials**

The school allows **only** **one re-print per semester for a lost lunch pass,** at the **re-print cost of** **$10** (ten dollars). [Your original issue OCL pass received when you turn in this paper is no charge]

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| Student Understanding and Acknowledgment of above – |
| By signing, I confirm that I have read and understand all the policies and agree to abide by them.  Student Name Printed & Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_ |

**The Student Affairs Office is unable to issue/make lunch passes the two days prior school starting OR the first two days of school. Plan accordingly to stay on campus until you have this photo pass in hand.**

Lawton Chiles High School 7200 Lawton Chiles Lane Tallahassee, FL 32312