

Principal  
Desmond Cole



Assistant Principals  
Terry Gallon  
Alex Stemle  
Dr. Kiffani Browning  
Dr. Ronald Peterson  
  
Athletic Director  
Teresa Gunter

## AMOS P. GODBY HIGH SCHOOL

1717 West Tharpe Street  
Tallahassee, Florida 32303  
Telephone: (850) 617-4700  
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### Off-Campus Lunch Pass Application 2025-2026

*Off-campus lunch privilege is reserved for **classified juniors and seniors** in accordance with Leon County School policy 3.02(8). Only juniors and seniors who have earned a 2.0 un-weighted cumulative grade point average (GPA), or during the second semester of the preceding or current school year, are eligible for off-campus lunch privileges.*

#### Instructions

- **PARENT/GUARDIAN** must sign this form in front of a Notary Public or the parent/guardian may sign this form in front of a Godby HS Office Staff Member at the school.
- **PARENT AND STUDENT**: Check to make sure you do not owe a school Obligation (outstanding fines/fees, books not returned, Chromebooks, etc.). All obligations must be cleared before submitting your application.
- **STUDENT**: Read and sign the Student Section on pg. 2 of this application.

#### Parent Section:

This is to certify that my student: \_\_\_\_\_ (Check One): ☐ Junior ☐ Senior

has permission to leave Amos P. Godby High School campus during the school lunchbreak of 11:20 am – 11:54 am and that I accept full and complete responsibility for my student during the time he/she is off campus. I have read this document and agree with the stated consequences for the violations listed.

Parent Name (Print): \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

Address: \_\_\_\_\_

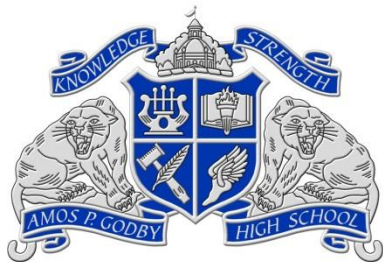
Notarized Signature of Parent/Guardian: \_\_\_\_\_

**A public notary MUST witness parent signature.**

#### Public Notary

Sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Name & Signature of Notary Public \_\_\_\_\_



# Off-Campus Lunch Pass 2025-2026

**Pass subject to revocation for academic, discipline or attendance issues.**

***You must remain in good standing with academics, disciplinary, and attendance to be able to continue off- campus privileges.***

## **VIOLATIONS**

1. Students with off-campus lunch privileges will not take students off campus who are not authorized to leave. This includes other juniors and seniors who have not been granted permission OR who do not have valid off-campus pass in-hand.
2. GPA – must maintain at least a 2.0 unweighted GPA each grading period
3. Reckless driving, speeding, not wearing seatbelts and other driving violations
4. Excessive tardiness (2 or more) to 5<sup>th</sup> period (*The Attendance Office holds the right to revoke your pass*)
5. Students with off-campus lunch privileges will not bring food back on campus for students who are not authorized to leave. This includes juniors and seniors who have off campus privileges, but no pass in-hand to leave campus.
6. Two referrals within 30 days will result in the suspension of pass.
7. Drugs, alcohol, tobacco or weapons found in any vehicle will result in revocation of pass
8. Attendance failures (*The Attendance Office holds the right to revoke your pass*)

## **CONSEQUENCES**

- Suspension of Off-Campus/Parking Privileges
- Revocation of Off-Campus/Parking Privileges
- In-School Suspension (ISS/OFI)
- Out-of-School Suspension (OSS)

- ☐ **I understand that Off-Campus Lunch is privilege, not a right and that I am to conduct myself in a positive manner.** I will obey all traffic laws and behave appropriately in area restaurants/businesses. Reports from the community about inappropriate behavior may result in the revocation of an off-campus lunch privilege.
- ☐ **I will be required to present my off-campus lunch pass upon leaving campus at lunch.** Failure to produce a valid student Lunch ID pass will result in forfeiture of my right to leave campus on that particular day.

Student Name (PRINT): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **School Use Only:**

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Cum GPA: \_\_\_\_\_ S2 UW GPA: \_\_\_\_\_

AP Signature: \_\_\_\_\_ Date: \_\_\_\_\_