

# Sophomore Privilege White Plains High School

Parents/Guardians: Please sign below if you approve of the stated privilege. Completed forms must be submitted to your child's house office upon completion.

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

**Out to Lunch**: I hereby give permission for my son/daughter to leave school grounds during lunch, beginning on the first day of the third marking period. It is understood that it will be his/her responsibility to return to school in time for his/her next class. Failure to do so, or to show a school ID or schedule upon request, could result in removal of this privilege and disciplinary action.

Parent/Guardian Signature \_\_\_\_\_

*This sophomore privilege is only available for the spring semester and could be withheld from 10<sup>th</sup> grade students who are in poor academic standing.*

