

OFF CAMPUS PERMISSION FORM

I, _____, ☐ **GIVE** ☐ **DO NOT GIVE** permission for
(Printed name of parent/guardian)

_____ to leave the campus of Phil & Jennie Gaglardi Academy
(Printed name of child)

during lunch breaks from _____ to the end of the school year, 20____.
(Today's date)

I understand that while off of school property, my student will not be directly supervised by the staff of Phil & Jennie Gaglardi Academy. I understand that my student must sign out and sign in at the school office and follow the policies and systems in place while off campus. The off-site privileges are only available to students from grades 7–12.

Signed _____ Date _____
(Signature of parent/guardian)

Phone _____