BARNEVELD SCHOOL DISTRICT

304 South Jones Street, Barneveld WI 53507
(608) 924-4711 (608) 924-1646

Robyn Oberfoell - Superintendent Heather Schmitz - Principal
Melanie Norton – Dean of Students

Study at Home (ECCP/SCN/Online)

Student Name: _____ **Period(s)**:_____

A qualifying student may be released from the building during their online class or work-based program. Applications must be submitted for approval from your principal **by the 2nd Friday of the semester**. They have absolute and final authority on who qualifies for a release. If this time is used inappropriately the privilege may be revoked at any time. All students remaining in the building during this time will be assigned to the library. Cell phones must be submitted to the librarian during this time.

Qualifications: (verifying individual must initial below)
_____A 3.0 GPA the last quarter, cumulative not used (School Counselor)
_____Zero recent behavioral referrals (Dean of Students)
_____Zero unexcused absences from previous quarter (Front Desk)
_____No code violations during previous quarter (Athletic Director)

Qualifications to maintain Study at Home: (student initial each below)
_____Student will not earn more than 3 tardies in a semester
_____Student will maintain a minimum of a C average for the ECCP/SCN/Online course
_____Student will not have any late work in the ECCP/SCN/Online course

Guardian Permission
I give my child permission to leave school during his/her class period. I understand there may be occasions when meetings or special events interfere with release and my child will be responsible for attending such events. As a guardian, I have the right to end my child's *Study at Home Pass* at any time and can do so by contacting the principal.

Guardian Signature _____

Student Acknowledgement
I understand I will need to uphold Barneveld High School's standard of excellence during school hours both on and off-campus. There may be occasions when meetings or special events interfere with release and it will be my responsibility for attending such events. When leaving **I must leave through the office**. I understand my *Study at Home Pass* may be revoked at any time and it is at the discretion of the principal and my family.

Student Signature: _____

Principal Signature: _____**Date:** _____