



Student Name (Print): _____

Grade: _____

**Greenfield High School
Open Campus Privilege
2020-21/Semester 2**

Please check all that you are applying for:

_____ **Late Arrival** (Available to any student with 1st hour study hall Monday / Thursday).
Eligible students must arrive ***no earlier than 9:00 a.m. EVERY Monday / Thursday***

_____ **Late Arrival** (Available to any student with 5th hour study hall Tuesday / Friday).
Eligible students must arrive ***no earlier than 9:00 a.m. EVERY Tuesday / Friday***

_____ **Early Release** (Available to any student with 4th hour study hall Monday / Thursday).
Eligible students must exit the building ***by 12:50 p.m. EVERY Monday / Thursday***

_____ **Early Release** (Available to any student with 7th hour study hall Tuesday / Friday).
Eligible students must exit the building ***by 12:50 p.m. EVERY Tuesday / Friday***

******Your school ID card with the appropriate label on the back must be carried at all times and presented to GHS staff at the main entrance before you enter or leave the building.******

Additional Information:

- The campus will be closed by the principal during dangerous weather or for safety and security reasons.
- Parents reserve the right to contact the school and remove this privilege if they deem it necessary.
- Each eligible student **MUST** have parent/guardian signed permission ***regardless*** of the student's age or status.
- The principal's decision regarding open campus is final and non-negotiable.

******Students will be notified by the attendance office once their application is processed and a decision made.******

I understand and agree to all of the conditions of this late arrival/ early release privilege. By signing below, the parent/ guardian takes full responsibility for the safety and well-being of their child and releases the School District of Greenfield from any liability resulting in their child not being physically present at school during periods of time when the child is not on campus.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Associate Principal _____

Date _____