

BEMIDJI HIGH SCHOOL
(218) 444-1600
2900 Division St. W
Bemidji, MN 56601

DR. J. STANOCH
PRINCIPAL
218-444-1600 ext 63305
Jason_Stanoch@isd31.net

K. RESLER
ASST. PRINCIPAL (A-K)
218-444-1600 ext 63306
Kyle_Resler@isd31.net

C. CHRISTIANSEN
ASST. PRINCIPAL (L-Z)
218-444-1600 ext 63320
Christine_Christiansen@isd31.net

EXTERNAL STUDIES SIGN OUT PERMISSION FORM

I, _____ by signing this form, agree not to be on school grounds during the External Studies time I am registered for in this term (Unless arrangements have been made). Students must leave campus during External Studies and do so through the main front doors by the time the following class bell rings. I will also show my External Studies pass every time I leave the building. BHS prides itself on the safety and security of our students. This policy is in place to make sure students are accounted for during each class period.

When leaving the building, I agree to leave campus for that class hour. I am not to sit in a car in the parking lot or wander the campus. I will not come back into the school parking lot until the last five minutes of class and I will enter the building through the main doors as the dismissal bell rings so I am not in the hallways and I am able to get to my next class on-time.

If I need to stay and work in the building during external study time, I must check-in with the staff member I will be staying with. I understand I am expected to stay with that teacher until the period ends. I understand I am not allowed to leave the space until the bell rings. If I break this agreement or do not meet the expectations, the privilege may be revoked and not offered again.

The parent signature below indicates that said parent/guardian understands all the expectations and that their student will be excused from the campus for the class period and will not be allowed on the school grounds while the assigned External Studies is in session.

Circle the term study hall is scheduled: Term 1, Term 2, Term 3, Term 4

Period study hall is scheduled: _____

Student Signature

Date

Parent Signature

Date

Counselor Signature

Date

BHS Parking Permit Pass Number