

**Permission Slip**  
**For seniors and juniors ONLY**  
**2019-2020**

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

Grade: \_\_\_\_\_ House: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Parent/Guardian Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: *Falsifying parent/guardian signature will result in severe disciplinary action***

I agree to adhere to the rules as listed in the Open-End Student Contract. I understand that my pass will be revoked if I violate this contract.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Principal or  
Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Form Received: \_\_\_\_\_ Pass Issued: \_\_\_\_\_