

# COLD SPRING HARBOR HIGH SCHOOL

Senior Open Campus Privilege 2015-2016

\_\_\_\_\_  
Student's Name (last, first)

\_\_\_\_\_  
Homeroom

My son/daughter has my permission to leave the school grounds during his/her lunch period and other unassigned time during the school day. I have read the attached statement describing the Open Campus privilege and understand the conditions upon which it is based. As parent, I assume all responsibility for my child's safety when off school grounds. **PLEASE NOTE ITEM 6 ON THE ATTACHED LETTER WHICH WILL CAUSE THIS PRIVILEGE TO BE REVOKED IN THE EVENT OF EXCESSIVE ABSENCE OR LATENESS.**

Restrictions (if any)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation From/To School:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

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ADMINISTRATION APPROVAL:\_\_\_\_\_