



Lyman High School



Senior Lunch/Breakfast Privilege Form 2018-2019

Student Name (PRINT): _____ Date: _____

As the parent/guardian of the student named above, I hereby give permission for my child to be released from attendance of Lyman High School during the dates and periods listed below for the purpose of eating lunch/breakfast off campus. I understand that neither Seminole County School Board nor Lyman High School will be supervising his/her activities or conduct during this period of time. I am also aware that if my child is tardy for his/her next period class, she/he will lose the privilege to eat off campus for the remainder of the school year.

**Senior Lunch/Breakfast dates will begin September 13th, 2018.
Completed forms need to be turned in by August the 27th 2018**

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|--|---|--|
| September 13 th -5 th Period | September 25 th – 7 th Period | October 18 th – 1 st Period |
| November 6 th – 2 nd Period | November 29 th – 7 th Period | December 13 th – 1 st Period |
| January 10 th – 5 th Period | January 22 nd – 6 th Period | February 14 th – 7 th Period |
| March 5 th – 4 th Period | March 28 th – 3 rd Period | April 23 rd – 2 nd Period |

(This form will cover parent/ guardian permission for all senior lunch/breakfast dates of this school year.)

STUDENT REQUIREMENTS (Senior Lunch/Breakfast Privilege) Valid School ID and Pass

**This completed form is to be turned in to
Ms. Hands room (Building 06- 010)**

By signing below, I certify that I am a 12th grade student at Lyman High School and have obtained all needed signatures on this form in order to be eligible to eat lunch/breakfast off campus. I also understand that if do not follow the Student Code of Conduct I may lose my Senior Privileges.

Student Name (PRINT) Student Name (SIGNATURE)

Seniors, be sure to print and sign your name **BEFORE** giving it to your parent/guardian to be notarized. Your signature *does not* need to be notarized. You will not be called out of class or signed out to sign this form. If this form is turned in without a student signature, it will be returned. Every student wanting to participate in senior lunch must have this form signed. PLEASE NOTE: Only the parent/ guardian signature needs to be notarized. Proper identification is required for the parent/ guardian. **MUST** sign this form in the presence of the Notary.

I, _____, the parent or guardian of the above-named student, as a prerequisite to the issuance of a Senior Lunch/Breakfast Privilege Pass give my consent for my student to leave campus and participate in the Senior Lunch/Breakfast Privilege in accordance with Lyman High School Policies.

Parent signature: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public - State of Florida _____

Print, Type of Stamp Commissioned Name of Notary Public _____

Personally Known _____ or Produced Identification _____ Type of ID _____