

**WINTER SPRINGS HIGH SCHOOL  
SENIOR OFF-CAMPUS RELEASE FORM  
2017-2018 School Year**

Student Name: \_\_\_\_\_  
(please print in pen)                      Last Name                      First Name

**Qualifications for Senior Off-Campus Release:**

Student must be a bonafide senior (in terms of credits) and debt free to have the privilege to leave campus for senior lunch.

This Release Form **MUST** be signed, notarized, and submitted to Ms. Fields in the front office.

To check out for lunch on the specified day, seniors **MUST** have their student ID card scanned upon exiting the campus. Students who are late from lunch, do not return from lunch, or take a student not qualified to leave for off-campus lunch will be denied future off-campus privileges for the remainder of the year and receive disciplinary action.

The parent's signature indicates that the School Board of Seminole County, Winter Springs High School and their representatives will not be held responsible for accidents, injuries, illnesses or incidents taking place while students are away from campus.

I, \_\_\_\_\_ hereby grant permission for my child, \_\_\_\_\_

To be released from attendance at Winter Springs High School for the purpose of eating off campus during the designated period. I understand that my son or daughter will not be considered to be in attendance at Winter Springs High School during the time he/she is absent from the campus, and that the School Board of Seminole County, Florida has no authority or duty to supervise, control, or direct his/her activities or conduct during the time of his/her absences.

\_\_\_\_\_  
Signature of Parent or Guardian

\*\*\*\*\*Please Note\*\*\*\*\* This permission slip is only eligible for 2017-2018

**FLORIDA SHORT-FORM ACKNOWLEDGEMENT (F.S.695.25)**

STATE OF FLORIDA

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_ Notary Public, Commission No.

\_\_\_\_\_ (Name of Notary typed, printed, or stamped)

(SEAL ABOVE)