

**DURHAM SCHOOL OF THE ARTS SENIOR OPEN LUNCH**

**2018-2019**

Open lunch will begin on Monday August 27, 2018

**IF COMPLETED FORM IS RETURNED TO MS. HUDSON PRIOR TO 8-27-18**

**Students will be notified when ID cards arrive.**

**Students are required to keep ID card (or copy of this form) on their person at all times.**

I, (please print) \_\_\_\_\_, as a **SENIOR** at DSA, agree to abide by all rules set forth by the Administration for open lunch. I understand that if I do not maintain an overall C average, I will lose my open lunch privilege. I also understand that discipline referrals written up on me, and failure to return to campus at the conclusion of the assigned lunch period will cause me to forfeit the open lunch privilege. I understand that I will be warned only once for returning to campus late after lunch and at all times I must be able to show my ID card and a copy of this letter, when asked by a staff member or police. Failure to do so will mean an automatic loss of open lunch privileges for one semester.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

I, (please print) \_\_\_\_\_, as parent/guardian of the above SENIOR at DSA, give permission for my child to leave campus during lunch. I understand that the school will in no way be liable for my child when he/she leaves campus during lunch. I also understand that if my child does not follow the rules set forth by the Administration that he/she will lose their open lunch privilege.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**(Parent/guardian must sign in the presence of an administrator OR email Mrs. Hudson at [lynn.hudson@dpsnc.net](mailto:lynn.hudson@dpsnc.net) to confirm permission)**

As an Administrator, I witness the signing of the above and can verify the validity of the signatures.

\_\_\_\_\_  
ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE