



SALISBURY
CHRISTIAN SCHOOL

Permission to Be Off Campus

Student Name: _____ Date: _____

Grade Level: _____

I hereby give my child permission to work off campus for a specific period during the school day. I realize my child is responsible for completing the required work during this time at home. I also understand that SCS has the right to revoke this privilege at any time if my child's academic performance is affected.

Circle One (of each):

Period: First/Fourth

Letter Day: A or B

Reason: Online Class or Study Hall

I understand the school is not responsible for my child's safety during the time I am giving permission for him/her to be off campus.

Printed Name (parent): _____

Signature (parent): _____

Phone: _____

Email: _____

I, _____, understand that I must enter/exit through the front doors of the Nehemiah Center and sign in/out when arriving late or leaving early.

Printed Name (student): _____

Signature (student): _____