

New Dimensions High School
4900 Old Pleasant Hill Road
Kissimmee, FL 34759
Phone: 407-870-9949
Fax: 407-870-8976

Student Grade: 11th / 12th

Parent/Guardian Permission Form
FORM MUST BE NOTARIZED!

I, the undersigned parent/guardian of _____, hereinafter referred to as the "student" do grant permission for the student to leave the campus of NDHS during his/her lunch period.

Driver's License # _____
Expiration Date _____
Vehicle Registration # _____
Insurance Verification: _____

My son/daughter understands that he/she must follow the rules and regulations of NDHS as well as those of the Osceola County School System. Permission form may be revoked at any time if my student:

1. Transports ineligible students away from the school premises during the lunch period.
2. Brings food or drink on campus.
3. Fails to check out with the administrator on checkout duty.
4. Fails to have the proper lunch pass with picture ID in his/her possession while checking out.
5. If "permanent" pass is lost or misplaced, temporary passes or notes from teachers will not be accepted. Students without their "permanent" pass MUST eat lunch at school until pass is found or a new one is made.
6. Otherwise abuses the privilege.

I authorize NDHS to obtain, through a physician of its own choice, any emergency medical care that may be necessary for the student during such travel.

It is also understood that student's lockers or other storage areas (such as vehicles) are subject to search upon reasonable suspicion pursuant to Florida Statute 1006.09(9).

Additionally, I understand if my student returns late (tardy) to class from lunch, his/her pass will be suspended:

1. Two (2) weeks for the first tardy.
2. Nine (9) weeks for the second tardy.
3. Revoked for the remainder of the year for the third tardy.

Determination to revoke/suspend pass shall be made by the school administration, whose determination shall be final.

This form is valid for ONE school year.

Signature of parent/guardian: _____ Date _____

Sworn to and subscribed before me on _____, 20____
By _____ He/she is personally
known to me or has produced: _____
As identification.

Notary Signature

Name of Notary typed, printed or stamped