

## Green Hope High School Application for Off-Campus Lunch Pass (2019-20)

Students who are classified as juniors or seniors based on number of credits earned are eligible to purchase an off-campus lunch pass. To receive an initial off-campus lunch pass, students and parents/guardians must do the following:

1. Review the school and county policies and for off-campus lunch posted on the GHHS website.
2. Complete this form in the presence of a Notary Public **OR** a school official.
3. Submit this form to GHHS front office during one of the designated times.
4. Submit payment of \$5 during designated times (*payment can be made online beginning July 1, 2019*) or in person with exact cash or a check made payable to Green Hope HS starting July 15. During the school year, lunch passes will be sold on Wednesdays during lunch and require an appointment with Mrs. Scelsi).

### Student Information (*please print legibly*)

Student Name: \_\_\_\_\_ Grade Level for 19-20: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

**Student Acknowledgment:** *I have read and fully understand the WCPSS & GHHS off-campus lunch policies. More specifically, I understand that violating any of these rules may result in a suspension/revocation of my off-campus lunch pass and/or other disciplinary consequences including suspension of my off-campus parking pass if applicable.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian Acknowledgment:** *I have read and fully understand the WCPSS & GHHS off-campus lunch policies and grant my child permission to leave school campus for lunch.*

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Notary Public

State of North Carolina; County of \_\_\_\_\_. I, \_\_\_\_\_  
a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ and  
\_\_\_\_\_ personally appeared before me this day and acknowledge the due  
execution of the foregoing instrument. Witness my hand and official seal, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Official Seal

### FOR SCHOOL OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Payment (*circle one*):    Cash    Check    Online    School Witness Signature (*if applicable*): \_\_\_\_\_