

ECHHS Student ID # \_\_\_\_\_

Off-Campus Pass # \_\_\_\_\_

East Chapel Hill High School  
500 Weaver Dairy Road  
Chapel Hill, NC 27514

**SENIOR OFF-CAMPUS AGREEMENT  
2023/2024**

**THIS FORM MUST BE SIGNED BY THE STUDENT'S PARENT/GUARDIAN IN THE PRESENCE OF  
AN ECHHS STAFF MEMBER OR NOTARY (refer to p.3)  
NO EXCEPTIONS**

(Clearly Print Name): \_\_\_\_\_ has permission to leave  
campus during their **lunchtime and/or their free period.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

WITNESSED BY ECHHS STAFF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN COMPLETED FORMS TO **LAURA BOWEN, MAIN OFFICE**

STUDENTS MUST HAVE THEIR **STUDENT ID** TO PICK UP THEIR OFFICE CAMPUS STICKER

**SENIOR OFF-CAMPUS AGREEMENT (PAGE 2)  
2023/2024**

**WHEN LEAVING CAMPUS YOU MUST HAVE YOUR SCHOOL ID  
WITH YOU. BE PREPARED TO PRESENT IT  
WHEN STOPPED AT ECHHS CHECKPOINTS.**

**SENIOR OFF-CAMPUS PRIVILEGES MAY BE SUSPENDED OR REVOKED FOR REASONS  
INCLUDING BUT NOT LIMITED TO:**

- Not passing 70% of classes (at least 5 of 7 classes) each semester
- Using any illegal or controlled substance while off campus.
- Failing to display ID when entering or exiting campus during lunch.
- Transporting students who don't have off-campus privileges off school grounds without proper authorization.
- Bringing food back to campus for other students.
- Excessive tardies to 5th period or leaving 4th period early without official permission.
- Major or excessive disciplinary referrals.

**I have read and understand the above reasons for possible suspension or revocation of my  
Off-Campus Privilege.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**NORTH CAROLINA NOTARY ACKNOWLEDGEMENT  
(INDIVIDUAL)**

State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the attached ECHHS Student Parking Permit Application and/or ECHHS Senior Off-Campus Parking Agreement.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Official Signature of Notary

\_\_\_\_\_  
Notary's Printed or Typed Name

Notary Public

My Commission Expires: \_\_\_\_\_