

SL Hours Completed: \_\_\_\_\_

English Class Teacher: \_\_\_\_\_

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

**SENIOR  
OFF-CAMPUS AGREEMENT  
2018- 2019**

**THIS FORM MUST BE SIGNED BY THE STUDENT'S PARENT/GUARDIAN IN THE PRESENCE OF A NOTARY OR AN ECHHS EMPLOYEE.**

\_\_\_\_\_ has permission to leave campus **only** during **lunchtime**. He or She has **completed** and **documented** the required 25 hours of service learning.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

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

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

ECHHS Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Official Notary Seal) \_\_\_\_\_ Date: \_\_\_\_\_  
*(Official Signature of Notary)*

\_\_\_\_\_, Notary Public  
*(Notary's Printed or Typed Name)*

Notary's Commission Expires: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO MS. BOWEN IN THE MAIN OFFICE**