

ECHHS Student ID # _____
SL Hours Completed: _____

Off-Campus Pass # _____

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

**SENIOR
OFF-CAMPUS AGREEMENT
2019-2020**

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

(Clearly Print Name): _____ has permission to leave campus 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 THIS COMPLETED FORM TO MS. BOWEN IN THE MAIN OFFICE***
ONCE YOUR OFF-CAMPUS PASS HAS BEEN CREATED, YOU WILL BE SUMMONED TO
THE MEDIA CENTER. NOTE, YOU WILL BE REQUIRED TO SHOW
YOUR ECHHS STUDENT ID AT THE TIME OF PICK-UP**