

# Student Privilege Application Form

Brecksville-Broadview Heights High School

2022-2023

Student Name (Print) \_\_\_\_\_ Grade Level \_\_\_\_\_

## QUALIFICATIONS:

- Students must be in grades 10-12;
- GPA above a 2.5 during the preceding quarter;
- Passed all courses during the preceding quarter;
- Fewer than 10 total tardies (excused and unexcused) to school during the preceding quarter;
- Completed all sections in Final Forms & signed off on the student handbook.  
(Eligibility will be reviewed quarterly)
- **Final administrative approval for student privilege must be received before leaving campus.**  
**If a student leaves campus without receiving confirmation of their student privilege approval, they will have a day added to their time waiting for approval for each day taken without permission.**

## REASONS FOR REVOCATION:

- Attendance Problems;
- Disciplinary Referral;
- Parking Issues;
- Failure to maintain good academic standing;
- Failure to comply with the expectations of the Student Privilege Program.

## SCANNING IN & OUT OF THE BUILDING:

- Scanning out is our record that you have left the building.
- Individuals leaving the building MUST scan out. Friends or associates are prohibited from scanning another student out.
- If the scan system is down due to a network or computer failure, students will be required to physically sign out and sign in on the sheet provided.

As the parent/guardian of the student above, I am aware of the student privilege available to my student per school and district policy. By signing this form, I consent to my student leaving campus for the open times on their schedule and fully understand that the school will not provide supervision off-campus, nor will the school be responsible for my child during the time they are off campus. Should my child act inappropriately while off campus by violating any of the expectations above or engaging in inappropriate or illegal conduct this privilege shall be revoked.

I agree to the expectations of this privilege and approve my child's participation.

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Date

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Signature of parent/guardian

As the student applying, I understand and agree to comply with all expectations of this privilege. I will be accountable for my actions while off campus.

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Date

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Signature of student