

MILTON HIGH SCHOOL OFF-CAMPUS CONSENT FORM AND WAIVER

Milton High School
13025 Birmingham Highway
Alpharetta, GA 30004



Phone: 470-254-7000
Fax: 470-254-2844
Website: www.miltonhighschool.com

Term: ☐ Fall

☐ Spring

School Year: _____

Student Name: _____

Last Name

First Name

Middle Name

Student ID#: _____

Grade: _____

Student Email Address _____

Counselor: _____

Administrator: _____

Parent/Guardian Name: _____

Parent Guardian Email: _____

Your signature on this form indicates that you have read and agree to the conditions set forth by **Fulton County Schools** and **Milton High School (MHS)**. Please review each section carefully alongside your schedule. Please complete each individual section that applies. Privileges will only be approved if each section pertaining to the student's schedule is **signed by both the student and parent**. **PLEASE NOTE: A new form will be required EACH semester and whenever a schedule change occurs.** MHS faculty will review a student's schedule to deem whether privileges will be granted.

DUAL ENROLLMENT

Eligible students are required to be off campus during specified periods to attend classes at the designated college or university, as shown on the student's current schedule. **NOTE: Students must discuss this with their counselor, complete all required Dual Enrollment forms and meet all college, FCS and MHS deadlines.**

No special parking privileges are given to students taking dual enrollment courses. Students must follow all parking policies and procedures.

Sticker Received

STUDENT AGREEMENT AND WAIVER

I, _____, understand that I will be permitted to be off campus during the assigned class periods to attend my college course(s). I will remain enrolled in the course and attend all classes as instructed. By signing below, I agree to release MHS, Fulton County Schools, the Fulton County Board of Education, and all school staff/employees from liability for any injuries, damages, or claims that may result from my student's actions during and/or exercise of the privilege, including personal injuries, loss of life, and damage to real or personal property.

Student Name Print

Student Signature

Date

PARENT/GUARDIAN PERMISSION AND WAIVER

As the parent or legal guardian, I grant permission for _____ to participate in the MHS Dual Enrollment program for the 2020-2021 school year at MHS. I understand that this privilege may be revoked at any time if my student fails to comply with the requirements of the program or loses eligibility to participate. By signing this form, I agree to release MHS, Fulton County Schools, the Fulton County Board of Education, and all school staff/employees from liability for any injuries, damages, or claims that may result from my student's actions during and/or exercise of the privilege, including personal injuries, loss of life, and damage to real or personal property.

Parent/Guardian Name Print

Parent/Guardian Signature

Date

EMERGENCY "911" RELEASE FORM

Eligible students will be permitted to leave campus during an emergency where leaving campus early would be beneficial. This sticker allows students to leave without having to wait for a parent to follow check out procedures. Emergency releases will be announced by the Principal or other assigned designee.

Sticker Received

STUDENT AGREEMENT AND WAIVER

I, _____, understand that should an emergency arise where leaving campus is beneficial, I will be permitted to make the decision regarding how to leave campus. Emergency situations will be announced by the principal or other assigned designee, and I will wait until an announcement is made before I leave campus.

Student Name Print

Student Signature

Date

PARENT/GUARDIAN PERMISSION AND WAIVER

As the parent or legal guardian, I grant permission for my student, _____, to have the responsibility to make the decision on how to leave campus during an emergency release. By signing this form, I agree to release MHS, Fulton County Schools, the Fulton County Board of Education, and all school staff/employees from liability for any injuries, damages, or claims that may result from my student's actions during and/or exercise of the privilege, including personal injuries, loss of life, and damage to real or personal property.

Parent/Guardian Name Print

Parent/Guardian Signature

Date

OFF CAMPUS VIRTUAL COURSES

Eligible students who are enrolled in Georgia Tech Distance Learning, Fulton Virtual School (FVS) and/or Georgia Virtual School (GAVS) courses must complete this section.

Sticker Received

STUDENT AGREEMENT AND WAIVER

I, _____, understand that it is my responsibility to verify that the college/university the student wants to attend after high school graduation and/or the NCAA will accept the online course from Fulton Virtual or Georgia Virtual School before the student enrolls in the course. I further understand that I will not be scheduled for an online course until I have submitted the required application and my counselor approves it. Please fill in which courses you are taking virtually and initial each line below.

I UNDERSTAND that students are expected to complete courses for which they are enrolled. Please see Policy IHA for more information. I

_____ further understand that ALL online course grades, both passing and failing, will be posted on the student's transcript in Fulton County Schools.

I UNDERSTAND that students may navigate through their course material off campus or at an approved school location, but standardized end-of-course testing (if applicable) must be taken at the student's home school.

I UNDERSTAND that students taking online classes off campus are not permitted to loiter on campus during the respective periods and may face disciplinary consequences for loitering & may be placed in a face to face class. Students must keep up with alternative bell schedules.

I UNDERSTAND that students must follow all school check in and check out procedures; it is the responsibility of the student and his/her parents or guardians to provide transportation and to arrange timely pick up from school. Students being dropped off after the start of the school day must report to their class on time. No excused tardies or absences will be given for arriving to school late. **No special parking privileges are given to students taking virtual classes. Students must follow all parking policies and procedures.**

Student Name Print

Student Signature

Date

PARENT/GUARDIAN PERMISSION AND WAIVER

As the parent or legal guardian, I grant permission for _____ to participate in OFF CAMPUS VIRTUAL COURSES for the 2020-2021 school year at MHS. This includes any Georgia Tech Distance Learning, FVS, and/or GAVS courses. I understand that my signature below indicates I am releasing Fulton County Schools and Milton High School of any responsibility for my student participating in online classes off campus.

Parent/Guardian Name Print

Parent/Guardian Signature

Date

FLEXIBLE SCHEDULING

Eligible students who are on campus, leave and then re-enter campus due to Work-Based Learning, Dual Enrollment, Internships, Directed Study or other approved reasons, as shown on the student's current schedule.

NOTE: This does not pertain to students who come late to school or leave early from school.

Sticker Received

STUDENT AGREEMENT AND WAIVER

I, _____, have read, understood, and agree to comply with the terms, conditions, and requirements of the MHS Flexible Scheduling Privilege program for the 2020-2021 school year at MHS. I understand that this privilege may be revoked at any time if I fail to comply with the requirements of the program or if I lose eligibility to participate. By signing this form, I agree to release MHS, Fulton County Schools, the Fulton County Board of Education, and all school staff/employees from liability for any injuries, damages, or claims that may result from my student's actions during and/or exercise of the privilege, including personal injuries, loss of life, and damage to real or personal property. Furthermore, I acknowledge that while exercising my Flexible Scheduling Privilege, I am bound by rules and regulations pertaining to personal conduct as outlined in the MHS Code of Conduct and student handbook and I realize that violations of the above-mentioned rules and regulations will be subject to disciplinary action. Please read each statement below and place your initials on the line.

I UNDERSTAND that students taking off campus classes during the school day are not permitted to loiter on campus during the respective period/s of their off-campus course. Students will face disciplinary consequences for loitering & may lose the off-campus privilege. Students must keep up with alternative bell schedules.

I UNDERSTAND that no special parking privileges are given to students with flexible schedules. Students must follow all parking policies and procedures.

Student Name Print

Student Signature

Date

PARENT/GUARDIAN PERMISSION AND WAIVER

As the parent or legal guardian, I grant permission for _____ to participate in the MHS Flexible Scheduling Privilege program for the 2020-2021 school year at MHS. I understand that this privilege may be revoked at any time if my student fails to comply with the requirements of the program or loses eligibility to participate. By signing this form, I agree to release MHS, Fulton County Schools, the Fulton County Board of Education, and all school staff/employees from liability for any injuries, damages, or claims that may result from my student's actions during and/or exercise of the privilege, including personal injuries, loss of life, and damage to real or personal property. By signing this agreement, I agree that I have read, understood, and agree to comply with the terms, conditions, and requirements of the MHS Flexible Scheduling Privilege program.

Parent/Guardian Name Print

Parent/Guardian Signature

Date