

WICKLIFFE HIGH SCHOOL

2255 ROCKEFELLER ROAD WICKLIFFE, OHIO 44092

VOICE: 440.944.0800 FAX: 440.943.7705

www.wickliffeschools.org / @ WickliffeHS

Inspiring students to Learn, Lead, and Serve

Shyla Urban, Principal
Larry Balduff, Assistant Principal
Sara Hall, School Counselor (A-L)
Leah Porcello, School Counselor (M-Z)
Judy D'Angelo, Secretary
Charie Trivisonno, Guidance & Athletic Secretary

****Students will receive an email stating whether they are approved, denied, or requesting more information.**

OPEN LUNCH PERMISSION FORM

STUDENT NAME: _____ GRADE: _____

OPEN LUNCH POLICIES AND PROCEDURES:

- Open lunch is for 11th. and 12th grade students only.
- Open lunch is only permitted during the lunch block.
- Students must return to school prior to the start of their next course.
- Students are not permitted to bring food back for any other students.

OPEN LUNCH CRITERIA (must be maintained throughout the school year):

- 3.0 GPA
- No office referrals

REASONS FOR LOSS OF OPEN LUNCH PRIVILEGES:

- Any student who does not return to their next course following open lunch.
- After two late arrivals when returning from open lunch.
- Any student who is not maintaining the same high expectations in the community as is expected while at WHS, **NO EXCEPTIONS!**
 - *WHS expects our students to behave in a mature, respectful, and responsible manner.*
 - *WHS expects our students to be on time for any classes scheduled after open lunch.*

STUDENT ACKNOWLEDGEMENT:

I, _____ (student name), have read and fully understand the open lunch policies and procedures stated above. I will follow these policies and procedures at all times, or I understand that I will lose my open lunch privileges permanently.

Student Signature: _____ Date: _____

PARENT ACKNOWLEDGEMENT:

I, _____ (parent name), have thoroughly read and understand the open lunch policies and procedures. I believe my child has the level of maturity and responsibility needed to leave Wickliffe High School campus during open lunch hours. I understand that my child will lose his/her open lunch privileges, among other consequences, if he/she does not maintain the same high expectations in the community as is expected while at WHS. Therefore, I give permission for my child to leave the WHS campus during his/her assigned lunch period, and I will accept full responsibility for my child during the time he/she is in the community.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

****Parents/Guardians: Please assess your child's individual maturity level prior to giving permission to leave campus at any time. By signing this form, you are assuming responsibility for your child while off campus; this includes any time that he/she chooses to not return.**