

OFF-CAMPUS LUNCH PERMISSION AND CONSENT FORM

This form is to be completed by a legal parent/guardian and notarized.

I do hereby give permission for my son/daughter

SENIOR LAST NAME**SENIOR FIRST NAME**

A member of the Class of 2018, to participate in the senior privilege of leaving campus for lunch on dates set by the administration. I assume full responsibility for his/her actions and behavior and shall hold neither Lake Howell High School nor the School Board of Seminole County liable for an act or occurrence. I further understand that the principal has the authority to revoke this privilege at his discretion for acts on the part of seniors negatively representing the student body and/or violations of school policy. My student and I realize it is his/her responsibility to adhere to the regulations regarding this senior privilege.

Signature of Parent/Guardian

Date

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (F.S. 695.25)

No. 5181

STATE OF FLORIDA COUNTY OF _____	The foregoing instrument was acknowledged before me this _____ (Date) by _____, who is personally known to me (Name of person acknowledging) or who has produced _____ (Type of identification) as identification and who did (did not) take an oath. _____ Notary Public, Commission No. _____ (Signature) _____ (Name of Notary typed, printed or stamped)
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(SEAL ABOVE)

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:	Title or Type of Document _____ Number of Pages _____ Date of Document _____ Signer(s) Other than Named Above _____
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THIS FORM MUST BE NOTARIZED BEFORE SUBMITTING.