

**[INSERT CHARTER SCHOOL LETTERHEAD]**

**PARENT PERMISSION FOR OPEN CAMPUS LUNCH**

**DATE:** \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
PARENT NAME: \_\_\_\_\_ **PARENT CONTACT:** \_\_\_\_\_

The Board of Directors of Contra Costa School of Performing Arts (“COCOSPA”), pursuant to Section 44808.5 of the Education Code, has decided to permit 11<sup>th</sup> and 12<sup>th</sup> grade students to leave the school grounds during the lunch period, with parent permission.

**Parent Verification**

I, \_\_\_\_\_, hereby authorize my student, \_\_\_\_\_, to participate in **Open Campus Lunch** for the remainder of the **2020-2021** school year as long as they are eligible for this privilege.

**By signing this agreement, I understand and agree to the following:**

- (1) California law states: “Neither the school district nor any officer or employee thereof shall be liable for the conduct or safety of any pupil during such time as the pupil has left the school grounds.” Cal. Ed. Code § 44808.5.
- (2) Student violations of COCOSPA policy, local ordinances, or state law during Open Campus may result in loss of Open Campus privileges and/or school discipline consistent with COCOSPA’s Suspension and Expulsion Policies.
- (3) Any student who wishes to use their car during the lunch period must have parent permission to do so. Use of a car without proper permission or improper and unsafe operation of a vehicle during Open Campus is grounds for suspension from or permanent revocation of Open Campus privileges for the remainder of the year.

\_\_\_\_\_ Initial here to indicate: I give permission for my student to drive their car off school grounds during open campus and accept responsibility for that choice. I understand that my student is not permitted to transport any other students in their car.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***This form must be returned in person to the Office Manager  
A copy of this form is retained in the Student’s file at the Charter School site.***

**Student Verification**

I have read and understand the Open Campus Policy and the expectations that come with the privilege of having an open campus. I understand that my failure to follow the requirements of the Open Campus Policy will result in my loss of Open Campus privileges.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Grade check (at time of application)

<b>Period 1</b>		<b>Period 5</b>	
<b>Period 2</b>		<b>Period 6</b>	
<b>Period 3</b>		<b>Period 7</b>	
<b>Period 4</b>		<b>Period 8</b>	

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