



ST. BERNARD'S ACADEMY

High School Senior Off-Campus Permission

I give my son/daughter, _____, permission to leave campus during his/her free period and lunch. I understand and assume all responsibility for his/her actions and release St. Bernard's Catholic Schools, Inc. from all liability for his/her actions or the results of his/her actions. I also understand this privilege may be revoked for either disciplinary reasons and/or because of poor attendance.

Parent/Guardian's Name: _____

Signature: _____ Date: _____