

**CONCORD-CARLISLE HIGH SCHOOL**

500 Walden Street – Concord, MA 01742

**APPLICATION FOR OPEN CAMPUS PRIVILEGES FOR THE 2010-2011 SCHOOL YEAR  
OPEN CAMPUS CONTRACT FOR JUNIORS – CLASS 2012**

**PARENT AUTHORIZATION**

I have read and understand the procedures, obligations, and responsibilities related to the **OPEN CAMPUS PROGRAM** as stated in the information sheet entitled “**OPEN CAMPUS INFORMATION.**” Furthermore, I am aware that juniors on open campus **do not** have off-campus privileges. If I have not written a note to the contrary in the space below, my signature indicates that I authorize open-campus privileges for my son/daughter.

With this knowledge, I authorize \_\_\_\_\_ to **PARTICIPATE** in the **OPEN CAMPUS PROGRAM**, and I assume full responsibility for his/her when he/she is unassigned to a class.

**NOTE:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature of Parent/Guardian

**STUDENT AGREEMENT**

I have read and understand the procedures, obligations, and responsibilities related to the **OPEN CAMPUS PROGRAM** as stated in the information sheet entitled “**OPEN CAMPUS INFORMATION.**” I also understand that upon the sole discretion of the school, my parent/guardian, and/or the administration, all or part of the open campus privileges extended to me may be limited or removed. Restrictions may be imposed should my conduct, attitude or performance be inconsistent with the conditions or intent of open campus. **Finally, I understand the open campus privileges will not be in effect until I receive written authorization to that effect from the main office.**

\_\_\_\_\_  
Date Signature of Student

**STRUCTURED CONTRACT**

I **DO NOT AUTHORIZE** \_\_\_\_\_ to participate in the Open Campus Program. I understand that he/she will be assigned to a study hall during all non-assigned blocks.

\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

**FOR OFFICE USE ONLY**

- \_\_\_\_ Open Campus Authorized
- \_\_\_\_ Off Campus also Authorized
- \_\_\_\_ Notification to Student
- \_\_\_\_ Open Campus Not Authorized
- \_\_\_\_ Off Campus Not Authorized – Reason \_\_\_\_\_

**IF YOU DO NOT RETURN THIS SHEET TO MS. TRUSLOW BEFORE THE END OF THE 2009-2010 SCHOOL YEAR, STUDY HALLS WILL BE ADDED TO YOUR SCHEDULE FOR QUARTER ONE OF THE 2010-2011 SCHOOL YEAR. THANK YOU.**