THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL

PERMISSION FOR ABSENCE FROM CAMPUS DURING LUNCH NEOCITY ACADEMY • 2024-25 SCHOOL YEAR

Please Note: Parent or guardian you must sign this form witnessed by a Notary Public.

State of	Florida, County of		
I		, being duly sworn, state that	I am the [] father,
	Print Parent Name		
[] motl	her, [] legal guardian of	Print Student Name	, grade,
student	: ID ar	nd hereby give my consent for my student	to be absent from
the sch	ool premises during his/l	ner assigned lunch period. By signing this	permission form, I
hereby	release the School Distri	ct of Osceola County, its officers, agents, o	employees and
<u>assigns</u>	from responsibility while	e my student is away from the school prer	mises.
I underst	tand that the privilege acco	rded pursuant to this permission form may be	revoked at any time if my student:
1. 2. 3. 4.	Brings outside food or dri	rocedure as outlined below.	e lunch period.
Check O	ut Procedure		
1. 2. 3.	 Student will check out through the Main Office. Student will leave their NEOC Student ID with the checkout staff member in the Main Office; without their NEOC Student ID, a student must remain on campus. 		
	ally, I understand that if myllowing progression:	y student <u>returns late (tardy)</u> to class from off-	campus lunch, his/her privilege will be subject
 First Offense: Warning Second Offense: Privilege suspended for the remainder of the nine-week period Third Offense: Privilege suspended for the remainder of the school year 			
Final det be final.	termination to revoke or su	spend the privilege shall be made by the school	ol administration, whose determination shall
Parent/Guardian Signature:			Date:
		Sworn to and subscribed before me on	, 20
		by	. He/she is personally
		known to me or has produced:	
	as identification.		

Notary Signature

Notary Name Typed, Print or Stamp