



**LEVITTOWN PUBLIC SCHOOLS**  
 Levittown Memorial Education Center  
 Abbey Lane  
 Levittown, New York 11756



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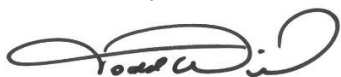
Dear Parent or Guardian,

During the 2017-18 school year, high school seniors may have one or more periods in which they do not have scheduled classes (senior privileges). In addition, students in grade 12 have the opportunity for open campus lunch. In order for a student to leave campus during lunch or during any other unassigned or study-hall periods, the permission slip below must be handed in to the attendance office. All seniors are expected to carry their school-issued identification cards at all times.

Please note that if parent permission is not given, a student who does not attend study hall or lunch will be marked as “cutting” and will receive consequences accordingly. Before returning the authorization form, parents and students are encouraged to have an in-depth conversation regarding the privilege of going off-campus, coupled with the understanding of good decision-making and responsibility. Please be reminded that freshmen, sophomores and juniors are not permitted off-campus. Seniors will be held accountable if they are found to be driving underclass students off-campus during the school day. Furthermore, senior privileges may be revoked for serious infractions of the code of conduct.

Please return the attached form to your high school attendance office. If you have any questions, please contact your building principal. Thank you.

Sincerely,



Todd Winch

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**Parent-Student Open Campus Privilege Authorization**

I authorize that my son/daughter \_\_\_\_\_ is permitted to leave campus during his/her unassigned/lunch/study hall periods for the 2017-18 academic year. I understand that I may revoke this privilege at any time during the school year by notifying the Assistant Principal’s office in writing. I also understand that the Levittown Public Schools is not responsible for my child while he/she is not on campus.

Student’s signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s home telephone \_\_\_\_\_

Parents’ cell phone numbers \_\_\_\_\_

**Please return this form to your high school attendance office.**