



855 Brotherton Road • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

**Off Campus Lunch**  
**Grades 9-12 only**

It is important that parents and students understand the expectations and rules for off-campus lunch privileges.

1. I understand that an off-campus lunch privilege is a privilege and can be revoked at anytime.
2. I understand that I need to be courteous and respectful while out in the community during lunch. I am expected to adhere to Balboa School's policies and procedures as set forth in the Parent & Student Handbook while off campus for lunch.
3. I understand that this privilege does not grant me permission to leave campus at any other time without parent and Administration approval.
4. I understand that I am not to take students off campus who are not authorized to leave.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Student's Name: \_\_\_\_\_

PARENT/GUARDIAN AND STUDENT MUST COMPLETE THE FOLLOWING:

I, (print parent/guardian name), \_\_\_\_\_ as parent/guardian of,  
(print student name) \_\_\_\_\_ agree that my child will follow all rules and regulations connected with the off campus lunch permit. I have read and understand the conditions of the off-campus lunch privilege. I acknowledge that the off-campus lunch pass can be revoked for failure to abide by the described conditions. I understand that my child and I are responsible for his/her behavior and actions while off campus and in no way will hold Balboa School responsible for my child's actions while off campus. My signature indicates that I have reviewed and discussed these guidelines with my child. I am fully aware of the liability associated with this privilege and will not hold Balboa School liable for any accident or injury incurred.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

APPROVED BY:

Administrator's signature \_\_\_\_\_ Date \_\_\_\_\_