

**Capital Innovations Academy
Off-Campus Contract**

At Capital Innovations Academy, students must have a parent call or text the school, a staff member, or the student to allow a student to leave campus. If the student is informed directly rather than via a staff member's cell phone or the school phone, students must inform a staff member that their parent has called or texted informing them that their parent is in front of the school. Then, a student may leave campus.

The above will be the Default Procedure UNLESS you choose one of the following:

My student may NOT leave campus unless I call a staff member's cell phone or the school phone and speak with a staff member directly.

My student may leave campus after he/she has informed the staff that he/she has texted or called me to let me know he/she is on his/her way home.

My student may leave campus at the end of his/her school day without texting or calling me.

Please note that regardless of permissions granted above, ALL Capital Innovations Academy students MUST inform a teacher or adult-in-charge before leaving the Capital Innovations Academy campus. Failure to do so will be considered a Type Three infraction (see the student handbook for details).

Capital Innovations Academy is a CLOSED CAMPUS. However, on rare occasions, a teacher or adult-in-charge may grant permission for a student to leave campus under special circumstances. Should these circumstances arise, please choose your preferred option for your student:

My student may leave campus by him/herself when given expressed permission by a teacher or adult-in-charge.

My student may leave campus with at least other students of at least 14 years of age when given expressed permission by a teacher or adult-in-charge.

My student may not leave campus unless accompanied by a teacher or adult-in-charge.

Please note that, for ALL students, permission to leave campus is a rare privilege, not a right. Students are NOT to assume they have permission to leave on the sole basis of this form. The Capital Innovations Academy faculty & staff reserves the right to remove or alter a student's privileges at anytime for any reason.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Permissions given on this form apply to the above listed student from the date listed on the form through the date that the student graduates or disenrolls from Capital Innovations Academy unless the parent/guardian submits an updated form.