

**SENIOR OPEN CAMPUS PERMISSION  
ARDSLEY HIGH SCHOOL  
ARDSLEY, NEW YORK 10502**

I(Print name of Parent/Guardian)\_\_\_\_\_ give permission  
for (Print name of Student)\_\_\_\_\_ to leave the Ardsley High  
School campus during his/her/their lunch/free periods with the understanding that the school is  
not responsible for my son/daughter during these periods.

Circle the scheduled Lunch or free period(s) for semesters 1 and 2

**Semester 1**

My student has lunch period: 5      6      7

My student has lunch days:    A      B      A and B

**Semester 2**

My student has lunch period: 5      6      7

My student has lunch days:    A      B      A and B

Please list any additional free periods in your student's schedule:\_\_\_\_\_

**Transportation**

My student uses the following transportation:

Please circle

Walks              Drives              Dropped off and picked up by a parent/guardian              Bus

**Signature:**

**Student:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Parent/Guardian:**\_\_\_\_\_ **Date:**\_\_\_\_\_