



FATHER LEONARD VAN TIGHEM SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906



Shannon Collier Principal
Laurie Campmans & Justin Molas, Associate Principals

FLVT Grade 6 Off-Campus 2024/2025

Holy Spirit Catholic Schools - School Permission Letter

DATE	TIME	LOCATION
<i>Starting September 9th, 2024 to June 20th, 2025</i>	1:10pm - 1:41pm	<i>Off campus privileges - any locations off school campus (ex: Safeway)</i>

FLVT Grade 6 Off-Campus Purpose and Responsibilities:

Each year in grade 6, students are offered the opportunity to have one off-campus experience per month during the lunch hour in order to have experience and exposure to this privilege in preparation for open-campus in junior high. This experience is exciting for grade 6's, and we are looking forward to supporting this new phase of their school experience.

With this off-campus privilege come some important expectations, boundaries and responsibilities. Please read through this list with your grade 6 student in order to understand fully what those expectations are, and why they could potentially be removed.

Expectations and Responsibilities:

- Students have regular attendance, and generally positive behaviour in classes.
- Students have not incurred any major office visits or administrative involvement.
- Students - while off campus - exhibit HAWKS values, and follow municipal bylaws (ex: crossing at the crosswalk rather than j-walking).
- Students exhibit time management and finish their lunch while off campus, not bringing off-campus foods back to classes.
- Students bring home an off campus form, have parents sign, and hand-in this form to their homeroom teacher at the beginning of **EACH day they choose to go off-campus**, and then collect the form from their homeroom teacher prior to leaving campus and hand it in at the office.
- Students sign out at the office upon leaving campus, and sign back in upon return.
- There is no supervision for an off campus lunch

Should any of the above factors be in question, students may lose one or more off-campus days.

If you have any questions, please feel welcome to contact the school.

Sincerely,

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Home #: _____ Work #: _____ Cell #: _____

Please fill out the following information in case we need to get a hold of a parent/guardian while the student is off campus:

Name of parent/guardian: _____

Any relevant medical information (including medication):

Please return this permission slip prior to or the day your son/daughter is going off campus. Please call us (403-381-0953) if you have any questions.

(Parental Permission)

I hereby give my child _____ permission to go off campus for lunch. I understand that there is no adult supervision for an off campus lunch.

Parent/guardian Name (please print) _____ Signature of Parent/Guardian _____ Date _____

Emergency Contact _____ Phone Number _____ Relationship _____

Respectfully yours,

Cameron Weitz and Kira Lawrence
Grade 6 teachers