



PHILLIPSBURG HIGH SCHOOL

***** SENIOR STUDY HALL PRIVILEGE *****

Student Name: _____

(Please print clearly)

I give permission for my SENIOR son/daughter to miss his/her assigned study hall by leaving school only on days when the study hall comes at the end of the day.

FIRST SEMESTER: DAY: 1 2 3 4

*SECOND SEMESTER: DAY: 1 2 3 4

*(this can be added at a later date if you do not know your schedule for the 2nd semester)

Please be aware that this is a SENIOR PRIVILEGE that will be revoked for the following reasons:

- 1. A class cut from any class.
2. Failing to sign in or sign out at the community entrance
3. Forgery of this permission slip
4. Other disciplinary infractions as deemed by the administration

Seniors must notify Mrs. Anderson in the main office of any schedule changes that affect study halls.

Seniors must sign out of study hall at the Community Entrance Lobby. If the student chooses to stay during their study hall period, they need to sign the sheet as "here".

If your name is not on the study hall list, you must see Mrs. Anderson in the Main office. Please do not add your name.

Student Signature

Parent Signature

Date

Daytime Phone Number

5th period = Day 3 6th period = Day 4 7th period = Day 1 8th period = Day 2

For Office Use Only

Confirmed by _____ (Parent) Date _____ Approved _____