

Central Zone Mentoring/Service Off-Campus Permission LEWISVILLE HIGH SCHOOL

Dear Parent/Guardian:

Some of the activities related to the Student Council/PALS at Lewisville High School occur off campus during the school day. For example, students may leave campus for the following: Mentoring, Service Projects or events, or to pick up of supplies for Homecoming or Prom, or other times student leaders are needed around the community.

These off campus activities are optional and not a group requirement. Permission to leave and drive off campus is left to parental discretion. If you would like to authorize your student to leave campus for such activities, then you may give your permission by signing below and have our notary onsite witness your signature. If you do not wish to give your permission, no adverse action such as discipline, grade docking, or lowered evaluation will result from your choice, however, the student may choose another class that doesn't mentor.

Students with permission shall provide their own transportation or ride with another responsible student to and from such activities. Each student is expected to comply with all laws and District policies with respect to his/her driving and vehicle. The District shall not be liable for any injuries or damages that may occur as a result of students driving to and from such off campus activities. Students must never skip mentoring after they check in or strong consequences will take place and the student will be removed from the class.

Students shall comply with all school rules when representing Lewisville High School off campus and may be disciplined for non-compliance. Students shall follow all school procedures for obtaining, using and returning an off-campus pass that must only be used with approval by the teachers/advisors. While off campus, students shall only engage in authorized activities related to their group. Students shall travel directly to the designated off campus destination(s), complete their activities and then directly return to the campus within the required time. Students will not receive a note to excuse a tardy if they are late to their next class. Failure to meet these expectations may result in a loss of off-campus privileges and/or removal from the Student Leadership/PALS class.

Please help us emphasize to your student the importance of abiding by all the rules of this off-campus privilege. We have great faith in these students and feel they will conduct themselves in a safe and admirable manner. Please go over safety procedures listed on the following page. Remind them every student in the vehicle must wear seat belts and the driver should follow the speed limit. If a mentor receives a speeding ticket or gets into an accident, please notify me immediately.

By filling out the form on the following page and having it signed by a notary, you give permission for your child to leave campus and drive himself/herself and possibly other students to and from the destinations for the off campus activities related to the group as long as your child is a student at LHS.

If you have any questions, please call Mrs. Stamey at 214-543-6717 or Mr. Moser at 972-978-3896.
Thank you,

**Allison Stamey and Dan Moser
Lewisville High School
Student Council/Student Leadership/PALS**

Central Zone Mentoring/Service Off-Campus Permission Student Form LEWISVILLE HIGH SCHOOL

Student:

Please sign and date that you have read and agree to the above and the following:

I, (print student name) _____, understand that when I attend Central Zone Mentoring or other service activities I may drive myself off campus or ride with another responsible student. I understand that I am responsible for the transportation to and from the applicable destination(s). I will follow by all safe driving guidelines listed below and I understand that this off-campus privilege may be immediately discontinued if I do not follow the rules above and any related school rules. If there is an accident or any speeding ticket issued I'm aware I must report it to Mrs. Stamey or Mr. Moser.

Student Signature: _____ Date: _____

Name and number of emergency contact: _____

Safety Guidelines for Teen Drivers

1) Wear Seat Belts!

If there is no seat belt for you, do NOT ride in that vehicle. See Stamey or Moser.

2) Keep Your Cell Phone Off

Multiple studies indicate using a cell phone while driving is the **equivalent of driving drunk**—that's even when using a hands-free phone.

3) Don't Text

Research shows texting—on average—causes a **loss of focus on the road for 4.6 seconds**. You can drive the length of a full football field in that time. A **lot** can go wrong while you drive the length of a football field without your eyes on the road. Don't try the "texting-while-stopped" approach, either, as **many states ban texting while behind the wheel**. And, when you have your head down, you won't notice key developments that may occur. Remember, you still need to pay attention to the road when you're stopped.

4) Obey the Speed Limit

Speeding is a **major contributor to fatal teen accidents**. That's especially true when driving on roads with lots of traffic or with which you're not familiar.

Don't feel pressured to keep up with traffic if it seems like everyone else is flying by you. Driving a safe speed helps ensure your well-being, and keeps you away from costly traffic tickets that can increase insurance costs.

5) Minimize Distractions

It may be tempting to eat, drink, flip around the radio dial, or play music loudly while you're cruising around town; however, all can cause your mind or vision to wander, even for a few seconds. As an inexperienced driver, you are **more apt to lose control of your car**. Distractions can significantly increase the chances that you 1) not notice impending danger or notice it too late and 2) lose the ability to control the vehicle.

6) Practice Defensive Driving

Always be aware of the traffic ahead, behind, and next to you, and have possible escape routes in mind. Stay at least one car length behind the car in front of you in slower speeds, and maintain a larger buffer zone with faster speeds.

Central Zone Mentoring/Service Off-Campus Permission For Parent/Guardian LEWISVILLE HIGH SCHOOL

Parent/Legal Guardian on Record at LISD:

Please sign and date that you have read and agree to the above and the following:

I (print parent name) _____, give my child (print student name), _____, permission to drive himself/herself off campus for Mentoring or other Service Activities as long as they are a student at Lewisville High School. I understand that my child is responsible for the transportation to and from the applicable destination he/she may need to drive other mentors. By signing below, I'm stating that I understand that my child may drive off campus in their own vehicle or they may ride with another responsible students to mentoring or service activities. I will review safety procedures with my child and how to keep other passengers safe and how to stay safe while riding with other drivers. I understand that my child's off-campus privilege may be immediately discontinued if he/she does not follow the rules above and any related school rules.

If a parent cannot be contacted if an accident occurs during an off campus activity, authorization is hereby given for administration of medical treatment deemed necessary by the school authorities with competent medical advice for my child. Any necessary medical attention will be promptly obtained and parents will be notified immediately.

Parent Signature: _____ Date: _____

IF YOU HAVE HEALTH INSURANCE, PLEASE FILL OUT THE FOLLOWING: Health Insurance Policy Number, Company Name and Policy Holder's Name (leave blank if you don't have insurance):

Name of Medical Insurance: _____

Policy Holder's Name: _____ Policy Number: _____

*****IF YOU WILL BE DRIVING AT ANYTIME THIS YEAR, PLEASE FILL OUT INFORMATION BELOW. IF YOU DON'T KNOW YOUR INFORMATION, IT MAY BE TURNED IN WHEN YOU RECEIVE YOUR LICENSE AND BEFORE YOU START TO DRIVE OFF CAMPUS.**

IF YOU WILL BE DRIVING WE NEED YOUR AUTOMOTIVE INSURANCE, PLEASE FILL OUT THE FOLLOWING:

Name of Automotive Insurance: _____

Policy Holder's Name: _____

Policy Number: _____

TO BE FILLED OUT WHEN CAMPUS PARKING STICKER IS PURCHASED:

STUDENT NAME: _____ LHS STICKER #: _____

STUDENT DRIVERS LICENSE #: _____ EXP DATE: _____

****DO NOT SIGN THE AREA BELOW UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC!**** SEE BOX BELOW!

WE WILL HAVE SEVERAL NOTARY PUBLICS AVAILABLE AT 7PM ON TUESDAY, AUGUST 20, 2019. IF YOU DON'T COME TO THAT NIGHT, YOU MUST HAVE YOUR OWN FORM SIGNED BY A NOTARY BY AUGUST 20. LHS HAS A NOTARY IN OUR FRONT OFFICE DURING SCHOOL HOURS, OR YOU CAN GO WHERE YOU BANK. MANY JOBS ALSO HAVE NOTARIES.

ACKNOWLEDGEMENT OF CENTRAL ZONE MENTORING/SERVICE RESPONSIBILITIES:

I understand that placing my signature below in front of a notary, I give my permission for my student to be available to drive or ride with other students to a central zone mentoring or service activity for as long as they are a student in the Student Leadership/Leadership Program Lewisville High School. I will also speak to my student about never skipping mentoring.

Signature of Legal Parent or Guardian

Typed or Printed Name of Legal Parent/Guardian

STATE OF TEXAS
COUNTY OF DENTON
LEWISVILLE INDEPENDENT SCHOOL DISTRICT

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, 20__.

(Notary Seal)

Notary Public - State of Texas