

## Excellence Pass

Name: \_\_\_\_\_

Date \_\_\_\_\_

Q1/Q2/Q3/Q4

### To be verified with homeroom teacher by initialing

\_\_\_\_\_ A 3.0 GPA the last quarter, cumulative not used (Angie Schulting)

\_\_\_\_\_ Zero behavioral referrals the last quarter (Erin Eslinger)

\_\_\_\_\_ Zero tardy detentions the last quarter (Erin Eslinger)

\_\_\_\_\_ Zero unexcused absences last quarter (Jean Thousand)

\_\_\_\_\_ No Code Violations during last quarter (Mr. Gabel)

*Questions? Please contact persons listed after the qualification. <sup>1</sup>*

### Guardian Permission

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to leave school during PIE (2:40-3:15). I understand there may be occasions when meetings or special events interfere with release and my child will be responsible for attending such events. As a guardian, I have the right to end my child's Excellence Pass at any time and can do so by contacting the principal.

Guardian Signature \_\_\_\_\_

### Student Acknowledgement

I, \_\_\_\_\_, understand I will need to uphold Barneveld High School's standard of excellence during school hours both on and off campus. There may be occasions when meetings or special events interfere with release and it will be my responsible for attending such events. I have the option to leave campus or participate in PIE during the time 2:40-3:15. When leaving **I must sign out** at the attendance office. I understand my Excellence Pass may be revoked at any time and it is at the discretion of the principal and my family.

Student Signature \_\_\_\_\_

Name of homeroom teacher \_\_\_\_\_

### Principal Confirmation

\_\_\_\_\_

Date: \_\_\_\_\_

Erin Eslinger, Principal

To begin on: \_\_\_\_\_ and conclude on \_\_\_\_\_

<sup>1</sup> CC: Homeroom teacher, student, parent, principal, attendance secretary