

Ohio Valley Career & Technical Center

Jennifer Grimes, Director

Steve White, Guidance Counselor

175 Lloyd Road

West Union, Ohio 45693

Phone: 937-544-2336

Fax: 937-347-3468



Open Lunch Permission Form

I hereby give permission for my child _____ to leave school for the purpose of Open Lunch.

I understand that the school is not responsible for accidents or incidents that occur during open lunch time. Furthermore, I understand that it is not the school's responsibility to monitor where the students are during open lunch.

Students must sign out upon leaving everyday and must sign in upon returning to the building everyday. Students must return in time for their next class. Habitual tardiness will result in loss of open lunch privileges and/or suspension of driving privileges.

If you have questions or concerns about Open Lunch please call the school office.

Student Name: _____ Program/Class: _____

Parent Signature: _____

Parent Cell : _____

Date: _____