



Willowridge High School

12TH GRADE OFF-CAMPUS AGREEMENT FORM

Student Last Name

Student First Name

FBISD ID Number

Student Cell Phone #

Parent/Guardian Cell Phone #

Student Email Address

Parent Email Address

Approved

Denied

By signing this document, I agree to the following:

- I will have earned at least 22 credits by the beginning of the next school year (Skyward must reflect 12th grade).
- I will have earned my CCMR Point.
- I do not have an NG* (no grade=no credit) and have completed all my attendance appeals.
- I have passed all my STAAR EOC Exams (English I; English II; Algebra I; Biology; US History*) or received a waiver for first time administration only.
- I will leave campus as soon as my off- period begins.
- I will not socialize in teachers' classrooms, the library, the gym, or the hallways during my off-campus period.
- If I do not have my own transportation, I will wait at the front of the school to be picked up.
- If I am found on campus during my off-campus period, my off-campus privileges will be revoked, and I will be assigned to a class.

Student Signature:

Date:

Parent/Guardian Signature: (regardless of student's age)

Date:

Counselor Signature:

Date:

Administrator Signature:

Date:

This agreement will be kept on file with the counselor and will be available for parent-review upon request.