

Plainview-Old Bethpage John F. Kennedy High School

LUNCH WAIVER FORM

STUDENT: _____ GRADE: _____

COUNSELOR: _____

The social and emotional wellness of every student is a priority of the Plainview-Old Bethpage Central School District. To encourage high school students to learn the importance of living a well-balanced and healthy lifestyle, all students in grades 9 through 11 are scheduled for a lunch period in their school day. In line with our self-selection policy, students, parents and guardians have the opportunity to decline a lunch period and take an additional course instead. By signing this form, the student indicates their understanding, and the parent/guardian are indicating their approval for their child to schedule an additional course in place of their lunch period. A parent/guardian signature does not guarantee that the child's desired elective course is available.

Note: Students who submit this Lunch Waiver Form and take a full 9 period day, and then choose to drop the elective course after the 10th day of school to replace it with a lunch period, will receive a "W" (Withdrawal) on their transcript.

COURSE TO BE TAKEN IN PLACE OF A LUNCH PERIOD: _____

FOR THE PARENT/GUARDIAN:

Students who submit this Lunch Waiver Form and take a full 9 period day, and then choose to drop the elective course after the 10th day of school to replace it with a lunch period, will receive a "W" (Withdrawal) on their transcript. I support my child's decision to decline a lunch period in order to schedule an additional course. I understand if the course is dropped after the 10th day of school, a "W" (Withdrawal) will be noted on my child's transcript.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR THE STUDENT:

I understand that my decision to decline a lunch period in order to schedule an additional course is a commitment and based on a strong desire to study a particular subject area. I understand if this course is dropped after the 10th day of school, my transcript will be noted with a "W" (Withdrawal).

STUDENT SIGNATURE: _____ DATE: _____