## Walter G. O'Connell Copiague High School

1100 Dixon Avenue Copiague, New York 11726 Phone 631.842.4010 Fax 631.841.6737

September 2023

Dear Parents/Guardians,

As you may be aware, our school policy provides for certain privileges to be granted to our senior students as rewards for their academic achievement and good citizenship. However, these privileges are governed by specific restrictions that have been put in place to promote student responsibility and safety.

Senior privileges include:

- Use of the senior courtyard (weather permitting)
- Participation in food truck privileges

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To be eligible to take advantage of these senior privileges, the senior student must be in good standing, satisfy academic eligibility standards, maintain an acceptable disciplinary record, and demonstrate consistent attendance. In addition, seniors are required to:

- Carry their school issued ID cards at all times (a requirement for ALL students, not just seniors)
- Only those students who have a signed parental permission form will be permitted to take advantage of the senior privileges. Please complete the attached form and return it to the main office by Friday, September 22, 2023.
- Senior privileges may be revoked at any time if a student has been found to have abused its application or no longer meets the established standards.
- Administration reserves the right to suspend senior privileges at any time for any reason.

If your son/daughter is a senior, and you would like for him/her to be considered for senior privileges, please read, sign, and return the attached document by <u>Friday</u>, <u>September 22</u>, <u>2023</u>. <u>Please note that permission slip forms will not be accepted after the deadline.</u>

Sincerely,

Joseph M. Agosta

Principal

I hereby give permission for my participate in the Senior Privileg Copiague High School.	son/daughter,es during his/her lunch period at the Walter	, to G. O'Connell
	also be academically and behaviorally eligi igibility is dependent on the previous mark	
Date:		
Parent/Guardian Name:		
Student Name:		
Address:		
Home Phone Number:		
Work Phone Number:		
Cellular Phone Number:		
E-Mail:		
Signature of Parent/Guardian:		
Signature of Student:	T	