Arlington Career Center Schedule Permissions Form

Student Full Name:		ID Number:
Counselor Name:		ACC Program:
I am request	ing the following schedul	e permissions (check all that apply):
☐ Study	Specific block(s) to be of supervised and are exp	etermined upon scheduling. Study hall students are no ected to remain in the ACC Cafeteria, ACC Commons, lagenta Wing during study hall block(s).
☐ FLEX		nd of Day Only) etermined upon scheduling. FLEX students are ome and/or to leave campus during their FLEX block(s).
☐ Off-C		lunch off-campus are expected to return to the building ss or will be marked tardy.
□ Arling	-	ly Dismissal with Capstone Early Dismissal are expected to leave designated Capstone site.
by the rules a unsupervised	and regulations of the A I and I will remain on ca unch on time. Failure to a	ollowing: I understand the information above, I will abide lington Career Center at all times, study hall blocks are mpus in the designated locations and I will return from adhere to these rules will result in privileges listed above
Student Signature:		Date:
Parent/Guardian Signature:		Date:
ACC Staff Signature:		Date: