

Peekskill High School

Lunch Opt Out Form

Last Name: _____ First Name: _____

Grade: _____ Counselor: _____

Reason for requesting no lunch

Parent's Signature

Student's Signature

School Counselor's Signature

School Administrator's Signature

GUIDELINES FOR OPT OUT OF LUNCH

1. Opt out for lunch is available to 9th, 10th, 11th and 12th grade students who are in good standing.
2. Students must have passed all their classes in the prior school year.
3. Students must be passing all their classes at the end of the 1st quarter, if this is not the case the opt out privilege will be revoked.
4. Student must arrange their lunch with their teacher. Not all teachers will allow students to eat lunch in their classrooms.
5. Students must have 90% attendance in ALL their classes. The attendance will be reviewed at the end of each quarter by the school counselor.
6. Discipline referrals may result in students losing their Opt Out privilege.
7. If Opt Out of Lunch is revoked the following classes are to be dropped in order of student preference:

1. _____

2. _____