



Overnight Travel Permission Form
for High School Students Only

<u>Office Use Only</u>	
Rec'vd _____	
Confirmed _____	
Staff Initials _____	
Left Message _____	

This permission form must be received via mail, fax, scan to email or the parent can personally drop off the form at the High School Residence Life Office. Forms must be submitted **48 hours in advance** and will not be accepted from students or anyone else other than the parent/legal guardian of the student.

Use this form to give your son/daughter permission to leave campus overnight, with any person other than YOU, the parent/legal guardian, including bus transportation, plane or taxi. Please provide the following information by fully completing the permission form. An incomplete form cannot be approved.

This Permission is For:

Student's Name	Today's Date
Adult that will supervise resident during stay	
Address of supervising adult	fl <u> </u> D _____
	fl <u> </u> AD _____
	Home Phone _____
	Cellular Phone _____
City _____	ST _____
Zip _____	

If your son/daughter wants to make overnight plans with a friend, we ask you, the parent(s) to communicate with the supervising adult prior to giving overnight permission to insure that you are comfortable with the plans. (see below)

I have contacted the hosting parent? Yes No

Please fill in the appropriate permission box for the overnight visit.

SHORT TERM PERMISSION	
Short term permission means that your child may visit the address listed above only for the dates and times listed. This box will only grant permission for one overnight visit and will expire after usage.	
Departure Date	Departure Time
Return Date	Return Time
Driver(s) picking up resident (Print driver's full name)	
Purpose of visit:	

LONG TERM PERMISSION	
Long Term Permission means that your child may visit the address listed above until the expiration date. This box will grant permission for multiple drivers but not for more than one "place visiting or address." You will only have to submit this form once.	
Beginning Date:	_____
End Date:	_____
Drivers (print full name of each driver):	

Synopsis of Sign Out & Overnight Policies

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. A student's legal parent/guardian may personally sign their child out at any time. 2. All high school students must be staying at a residence in which an adult is residing and will be present during the visit. 3. Students must sign out and have their card initialed by a High School Residence Life staff member each time they leave campus overnight. | <ol style="list-style-type: none"> 4. All high school students must have written permission from their parents/guardians each time they leave campus overnight. 5. Even with parent/guardian permission, no high school student is allowed to spend the night in the UNCOSA college residence halls, Center Stage Apartments, or in a college student apartment off-campus, including siblings. 6. No student is allowed to visit an off-campus residence unless he/she has received parent/guardian permission. |
|--|---|

Your signature below signifies that you have read the policy and accept jurisdiction and responsibility for your child's safety while off campus overnight.

Parent/Guardian (Print Name)	Parent/Guardian home phone	Cell phone
Parent/Guardian Signature	Date	



Office Use Only	
_____	_____
Date Rec'vd	Staff Initials

PARENTAL PERMISSION FORM

for High School Residential Students Only

Student's Name _____ Date of Birth _____ Current Age _____

Gender _____ Art Department _____ Class: 9 10 11 12

Student Resides with: *Both Parents* *Father* *Mother* *Legal Guardian*

Full Name of Parent/Legal Guardian(s): _____

A High School Residence Life staff member may override any granted parental permission if the situation does not seem to be consistent with the school's regulations or is deemed not to be in the best interest of the student.

1. Overnight or Out of Town Permission

Each time your child wishes to leave campus overnight and he/she is not leaving with you (even if he/she is going home) we need an Overnight Travel Permission Form submitted 48 hours in advance of students' departure. Forms may be located at <http://www.uncsa.edu/students/forms.htm>. This includes school sponsored overnight trips.

2. Walking off-campus

All students are granted permission to walk off campus in groups of two or more. Students must return before sunset when walking.

3. Visiting Off-Campus Residences to return before curfew of same day

My son/daughter may only visit the following off-campus residences within Forsyth County. If applicable, please include the name of his/her assigned UNCSA Host Family. A HSRL staff member will call home each time he/she wishes to visit an off-campus residence that is not listed.

(NOTE: High school students will not be allowed to visit college student residences, including siblings.) (Attach additional sheet, if needed.)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check one item under each heading below and give names and addresses where applicable. If more than one item is checked, then the stricter permission will be applied.

4. Riding in Taxis

Note: In the event of a medical appointment the UNCSA Wellness Center will arrange for a taxi to transport your child to/from the appointment.

_____ A. My son/daughter must have a HSRL staff member call home each time he/she wishes to ride in a taxi.

_____ B. My son/daughter may ride in a taxi within the city of Winston-Salem.

Continued on next page.....

5. Riding in Cars

_____ A. My son/daughter may ride in cars at his/her discretion (with any licensed driver).

_____ B. My son/daughter may ride in cars with adult licensed drivers (25 and over) at his/her discretion; however, he/she must call home anytime he/she wants to ride with anyone under the age of 25.

_____ C. My son/daughter may ride in cars with the following licensed drivers. HSRL will call home for anyone not listed below.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone numbers of where parents/legal guardians may be reached for additional information, verifications of permissions, or emergencies:

Night/Weekend:()_____ Mother's Cellular: ()_____ Father's Cellular: ()_____

Mother's place of employment: _____ Ph# ()_____ Ext: _____

Father's place of employment: _____ Ph# ()_____ Ext: _____

Emergency contact to approve permissions if parent/legal guardian cannot be reached:

Name: _____ Phone#: ()_____

Print Name _____
Parent/Legal Guardian

Signature _____ Date _____
Parent/Legal Guardian

MAKE A COPY FOR YOUR RECORDS AND MAIL ORIGINAL

Mail completed form to: High School Residence Life
1533 South Main Street
Winston-Salem, NC 27127

****Parents or legal guardians wanting to change permissions must send in another Parental Permission Form with the changes made, via mail, fax to (336) 631-1555, or scan and email to hsrl@uncsa.edu.***

****Parental Permission Forms will only be accepted from the student's parents/legal guardian. UNCSA reserves the right to request official documentation of a student's legal custody.***



Office Use Only	
_____	_____
Date Rec'vd	Staff Initials
_____	_____
Hall/Room	

Student Information Sheet

for High School Students Only

Residential

Commuter

Student Emergency Contact Information

Student's Name _____		Date of Birth _____	M	F
			Gender	
() _____	_____	Student's Email _____		
Student's Cellular	_____			
Mother/Guardian's Name _____		Date of Birth _____	Father/Guardian's Name _____	
() _____	() _____	() _____	() _____	
Home Phone	Cellular Phone	Home Phone	Cellular Phone	
Mother/Guardian's Email _____		Father/Guardian's Email _____		
Address _____		Address _____		
City, _____	ST _____	Zip _____	City, _____	
			ST _____	
			Zip _____	

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Cellular Phone	Home Phone	Cellular Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

List medications, prescription or over the counter that student currently takes (i.e., birth control, allergies, acne medications)

Insurance Company _____	Address (including city and zip code) _____
Policy Holder _____	Policy Number _____

List any allergies/special health considerations

() _____

Mother's Place of Employment _____	Work Phone _____	Address (including city and zip code) _____
Father's Place of Employment _____	Work Phone _____	Address (including city and zip code) _____