



Office Use Only	
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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](mailto: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.***