

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY

Igniting and nurturing creative, ethical scientific minds that advance the human condition

SOPHOMORE PRIVILEGES: STUDY HOURS AND ROLLING CHECK CLASS OF 2015 PERMISSION FORM

STUDENT NAME _____

Hall _____ Wing _____ Room _____ RC _____

Privileges will go into effect when the form is received by the student's RC and after Sunday, January 27, 2013.

STUDY HOURS

I/We, the parent(s), **give** permission for our child to be excused from regular study hours (7pm-9pm).

Signature of Parent(s) _____ Date

*****AND*****

I, the RC, **give** permission for this student to be excused from regular study hours (7pm-9pm).

Signature of Resident Counselor _____ Date

ROLLING CHECK HOURS

I/We, the parent(s), **give** permission for our child to have rolling check (student can check in at the RC office between 6:30pm – 7:30pm) for 7pm check.

Signature of Parent(s) _____ Date

*****AND*****

I, the RC, **give** permission for this student to have rolling check (student can check in at the RC office between 6:30pm – 7:30pm) for 7pm check.

Signature of Resident Counselor _____ Date

Both signatures are needed for each privilege.

PLEASE RETURN THIS FORM TO YOUR RESIDENT COUNSELOR.