



# Notre Dame High School

## SENIOR PRIVILEGE APPLICATION

Student Name: \_\_\_\_\_

I understand and agree to abide by the rules under which I will participate in the Senior Privilege Program. My signature indicates and acknowledges that the school cannot be responsible for my actions when I am away from campus.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I understand the rules under which my student will participate in the Senior Privilege Program. My signature indicates and acknowledges that the school cannot be responsible for my student's actions when he/she is away from campus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The Administration of Notre Dame High School hereby certifies that

\_\_\_\_\_ has \_\_\_\_\_ has not \_\_\_\_\_ been

accepted for Senior Privileges.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date