



ÉCOLE SECONDAIRE RÉGIONALE DE RICHMOND
RICHMOND REGIONAL HIGH SCHOOL

375 Armstrong,
Richmond, Québec J0B 2H0
Tél.: 819 826-3702 • Fax: 819 826-3705
E-mail: rrhs@etsb.qc.ca

PERMISSION TO LEAVE SCHOOL GROUNDS 2019-2020

Dear parents / guardians,

At RRHS, we realize that students sometimes make decisions due to peer influence. This year, we are taking a proactive approach with the students who are leaving school grounds to smoke.

Our goal is to educate students about the dangers of the use of tobacco products (including e-cigarettes/vapes) in an attempt to decrease the number of youth smokers, as well as to decrease the number of students arriving late to class (due to being off school grounds smoking).

With this in mind, we have revised our leaving school grounds practice as described below.

On the back of this sheet you will find an overview of the student off campus code of conduct. Please review and discuss it with your child.

Please note you can choose to only give permission to Leave School Grounds (section B), however these students may not stand at the gate with those who are smoking. Those who fill out section A must also fill out section B.

A) Parental authorization to SMOKE TOBACCO PRODUCTS during recess breaks.

I give permission to my child _____ to walk off school grounds in order to smoke a tobacco product. This authorization is valid for the academic year of 2019-2020.

As a parent, I am aware of the following:

- My child will be required to participate in one noon hour educational workshop to obtain factual information on the dangers of smoking, strategies to quit smoking and positive alternatives.
- My child may leave school grounds to smoke cigarettes or vape
- Once my child crosses the gate, (s)he is no longer on school property. They are expected to behave in an appropriate and respectful manner.
- The school may remove my child’s privilege to leave the school grounds as a consequence if his/her behaviour is inappropriate or is late for class(es).

As a parent, if you wish to remove this privilege at any point, please contact the school Principal.

Parent’s signature

Date

****** As a parent, I DO NOT want my child to participate in an educational workshop to obtain factual information on the dangers smoking, strategies to quit and positive alternatives. I will assume the responsibility to provide this information to my child.

Parent’s signature

Date

B) Parental authorization to LEAVE SCHOOL GROUNDS:

I understand and accept the conditions described on the back sheet “Off Campus Student Code of Conduct”. I give my child, _____, permission to leave the RRHS school grounds. I realize that my child may get in a vehicle and the school is not responsible for this or any other choices my child may make during this time.

This permission is valid for the entire school year, unless otherwise indicated, and as long as the permission is not revoked by administration or parents.

Parent’s signature

Date

ADMINISTRATOR’S APPROVAL

Date





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Off Campus Student Code of Conduct

- Only students with proper parental authorization will be permitted to leave campus
- I will return on time for my classes.
- I will behave in an appropriate and respectful manner while off campus.
- All my trash and/or cigarettes will be properly disposed of.
- I will be polite and respectful to the school supervisor at all times.
- The municipality and school land must be respected at all times. I will walk away from the school gate or the fenced area, avoiding the neighbouring apartment buildings and St-Francis Elementary School.
- My authorization to leave the campus may be removed by the school or my parents at any time if behaviour is inappropriate.
- Consumption and/or distribution of any illegal substances is prohibited.
- If I will be leaving school ground to smoke cigarette and /or vape, I will participate in a noon hour meeting to obtain factual information on smoking, strategies to quit smoking and positive alternatives; unless my parents have agreed to assume the responsibility to provide this information to me.
- If I have authorization to leave school grounds but I do not have parental authorization to smoke tobacco products; I am aware the school will contact my parents if I choose to hang out with those who have parental authorization to smoke cigarettes.

I confirm that I have read both sides of this sheet and I clearly understand what my responsibilities are. I also understand that this is a privilege and it will be directly influenced by the decisions and actions I choices to make.

Student's signature

Date

Parent's signature

Date