



ÉCOLE SECONDAIRE RÉGIONALE DE RICHMOND
RICHMOND REGIONAL HIGH SCHOOL

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PERMISSION TO LEAVE SCHOOL GROUNDS (2024-2025)

Dear parents/guardians,

At RRHS, we realise that students sometimes make decisions due to peer influence. We feel it is extremely important to take 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).

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. **This privilege is for Secondary 3, 4 & 5 students and/or 16 years of age and older.***

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 during any of the recess breaks indicated below. This authorization is valid for the academic year of 2024-2025.

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 during the following periods to smoke cigarettes or a vape:

11:12 -11:21 Morning recess
12:28-1:23 Lunch hour

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.

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

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 of 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 during recess breaks daily. I realise 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