FULTON COUNTY SCHOOLS

INNOVATION ACADEMY

A STEM MAGNET HIGH SCHOOL

Scott Kent: Principal
Agnes Browning: Assistant Principal
Jessica Lundy: Assistant Principal
Haaris Quraishy: Assistant Principal
Avery White: Assistant Administrator

# Off Campus Lunch Contract
# 2026-2027

**Name _____ Grade _____ FCS # _____**

Off Campus Lunch runs during 4th and 5th period only. Students may not leave during 3rd period or return during 6th period. Students sign in and out through the front lobby. Students may only sign in and out for themselves. Students must enter and exit through the front lobby. **NO OFF CAMPUS LUNCH ON FLEX FRIDAYS.**

The approved list will be emailed to students and parents at each grade deadline. Grades will be checked at the 9 week mark and 13.5 week mark and approval can be revoked. Students must be passing all classes. We will review the grades, discipline, and magnet requirements in order to be eligible.

**If any of the expectations are not followed, you will be removed from the approved list for the year and disciplinary action may occur.**

- Coming back late twice (tardy to next class)
- Leaving campus without signing in or out
- Leaving campus and not being on the approved list
- Bringing food back on campus for yourself or others
- Any reported misconduct while off campus
- Driving/riding with someone else who is not your sibling
- Signing someone else in or out in the front lobby
- Taking someone else off campus that does not have off-campus lunch privilege of any grade level
- Disciplinary action during the approved period of time.

**As a student, I agree to follow the protocols and procedures of Off Campus Lunch. I understand that this privilege can be removed immediately if expectations are not followed. I will check my email to know if I am on the approved list each 9 weeks.**

_____ _____

**Student Signature** **Date**

**As a parent or guardian, I agree to support my student in following the protocols and procedures of Off Campus Lunch and give my student permission to leave campus for lunch by personal car or walking. I understand that this privilege can be removed immediately if expectations are not followed. I will check my email to know if my student is on the approved list each 9 weeks.**

_____ _____

**Parent/Guardian Signature** **Date**

_____ _____

**Parent/Guardian Printed Name** **Parent/Guardian Phone #**