



Houston Independent School District  
**S.P. Waltrip High School**  
1900 West 34<sup>th</sup> Street · Houston, Texas 77018-6186  
Phone: 713-688-1361 · Fax: 713-556-4297 · Website: [www.houstonisd.org/waltriphs](http://www.houstonisd.org/waltriphs)

**Michael Niggli**  
Principal

**Accelyn Williams-Hickman**  
12<sup>th</sup> Grade Asst. Principal

**Anita Griffin**  
12<sup>th</sup> Grade Counselor

## 12<sup>TH</sup> GRADE OFF-CAMPUS AGREEMENT FORM

Student Last Name

Student First Name

HISD ID Number

Student Cell Phone #

Parent/Guardian Cell Phone #

Student Email Address

Parent Email Address

Approved

Denied

By signing this document, I agree to the following:

- I will have earned at least 22 credits by the beginning of the 2021-2022 school year.
- I do not have an NG\* (no grade = no credit), and I have completed all my attendance appeals.
- I have passed all my STAAR EOC Exams (English I; English II; Algebra I; Biology; US History\*) or received a waiver for first time administration only.
- I will leave campus as soon as my off- period begins.
- I will not socialize in teachers' classrooms, the library, the gym or the hallways during my off-campus period.
- If I do not have my own transportation, I will wait at the front of the school to be picked up.
- If I am found on campus during my off-campus period, my off-campus privileges will be revoked, and I will be assigned to a class.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Signature:(regardless of student's age) \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to Ms. Griffin (3116) by Wednesday, September 1, 2021.**

**This agreement will be kept on file with the counselor and will be available for parent-review upon request.**