

Freedom High School  
Application for Responsibility Pass (RP)

**Please Note:** The RP program is a privilege not a right. It is also up to the parent if they would like their child to participate. The student and parent/guardian must fill out this application to be kept on file in the High School office. By signing, the parent is relieving the Freedom School District of liability during the time the student is not on campus.

**Student**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

I have read the conditions of the Responsibility Pass program and understand that the use of the Responsibility Pass is a privilege granted to juniors and seniors. I accept the responsibility for abiding by the guidelines and rules of the program and realize that failure to do so will result in the loss of the Responsibility Pass privileges.

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

**Parent/Guardian**

I understand the commitment that my student has made as a participant in the Responsibility Pass program. My signature below signifies my consent for my student to participate in the Responsibility Pass program.

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