



Little Wolf High School Honor Pass Application Form (6th, 7th, and 8th)

Student Name: _____

Teacher Recommendations - Have your teacher from each hour sign.

Homeroom: _____

6th hour: _____

1st hour: _____

7th hour: _____

2nd hour: _____

Rtl: _____

3rd hour: _____

Signatures:

4th hour: _____

Guidance: _____

5th hour: _____

Dean of Students: _____

Parent/guardian initial each of the statements - sign and date.

_____ I have discussed the privileges associated with the honor pass with my son/daughter.

_____ I understand that my son/daughter may have his/her honor pass removed for any of the reasons listed.

_____ I understand that I may remove my son/daughter's honor pass at any time for any reason. To do so, I just need to contact Mr. Bortle (jbortle@manawaschools.org) or Mr. Wolfgram (dwolfgram@manawaschools.org).

By signing this, I give permission for my son/daughter to enjoy the privileges associated with the honor pass at Little Wolf Junior/Senior High School.

Parent/Guardian

Date



Answer the following in a 3 paragraph essay:

Why do you feel you deserve an honor pass?