

OUR MISSION

Williamsburg Christian Academy's mission is to provide college preparatory instruction in a culture of grace through personalized learning in academics, arts, and athletics while building relationships that inspire students to serve their community and become Christ-centered leaders.



OUR VISION

The vision of Williamsburg Christian Academy is to partner with parents and the community to inspire minds to inquiry through God's wisdom, hearts to compassion in God's service and lives to Christ in leadership.

SENIOR OFF-CAMPUS LUNCH AGREEMENT

Student Name: _____

By signing this form, I understand that I am able to participate in the off-campus lunch senior privilege with signed parent or legal guardian permission for me to do so. I understand that this privilege involves leaving campus for my lunch period and that the school will not provide supervision during this time, nor will the school be responsible for my actions during the time I am off campus.

I further understand that this is a privilege and conditioned upon the following expectations:

- Mature and responsible conduct while off campus.
- Respect for the property and personal rights of others and the community.
- Arriving back on campus in time for class.
- Not encouraging, transporting, or socializing off campus with students that do not have off campus permissions.
- Signing out at the front office prior to my departure from campus and signing back in upon my return.

I understand that this privilege can be revoked at any time at the discretion of the Upper School Principal or Head of School and/or if I choose to act inappropriately while off campus by violating any of the expectations above or engaging in inappropriate or illegal conduct. If you have any questions or concerns, please contact your Upper School Principal (USPrincipal@williamsburgchristian.org).

I agree to act responsibly, adhere to the code of conduct outlined in the parent/student handbook as well as the guidelines listed above while off campus during my lunch period. I also agree that I will only participate in this privilege if and when the signed permission form is filed with the front office staff.

Student Signature

Date