Guest Permission form for School Activity

Event:	Date:
	ent: Grade:
The visiting student should comp	lete the following:
Guest's Name:	Age:
Guest's Address:	
Home Phone Number:	Cell Phone Number:
If currently enrolled in high scho	ool, please complete this section:
School Name:	School Phone Number:
Principal's Recommendation	(to be completed by guest's principal):
Is the above named student in	good standing with your school? Yes No
Do you recommend that the a	bove named student be permitted to attend our school function? Yes No
School Administrator: (print	Signature
If not currently enrolled in high	school, please complete this section:
Legal name:	Date of Birth:
Check one of the following:	High School Graduate Name of School Year of Graduation
	GED Year received
	Other Explain
	None of the above
	, agree to obey all rules and regulations set forth by the Concordia R-2 udent attendance at extracurricular events.
Signature:	Date:
The second secon	·

This form must be completed in its entirety and returned to the Concordia High School office by faxing to 660-463-4081.