

# Catholic Central High School

## CCHS SEMI-FORMAL DANCE GUEST AUTHORIZATION RELEASE



Permission is hereby granted for Catholic Central High School to receive information regarding:

CCHS Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Guest's Date of Birth: \_\_\_\_\_  
(Print full name) Guest's Phone #: \_\_\_\_\_

Guest's Address: \_\_\_\_\_  
Guest's Grade: \_\_\_\_\_

Activity requesting to attend: CCHS Semi-Formal Dance Date: Saturday, February 4<sup>th</sup> at  
The Brunswick Greens from 7:00 pm – 10:00 pm.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person and Phone Number (mandatory):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### -----To Be Completed by School Administrator of Guest-----

Catholic Central High School has a guest attendance policy in place. The person named above has been invited to a Catholic Central High School function by a Catholic Central High School student. Please complete the following information so that we may obtain some background on the guest. Thank you for your assistance.

School currently attending: \_\_\_\_\_

Is the student in good standing in your school?  Yes  No

Does the student have a record of drug/alcohol/violence or other serious violations of school policies:  Yes  No

If yes, please explain (be specific as to dates, etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why this student should be excluded as a guest at our school function:  Yes  No

If yes, please explain (be specific as to dates, etc.) \_\_\_\_\_  
\_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward information to:  
or fax to: (518) 237-1796

Mr. Andrew Krakat, Dean of Students  
Catholic Central High School  
625 Seventh Avenue  
Troy, NY 12182

**Deadline: February 3, 2017**