

Catholic Central High School



GUEST AUTHORIZATION RELEASE

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

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

Guest's Address: _____

CCHS Student Name: _____ Grade: _____

Activity requesting to attend: _____

Date: _____

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**
Deadline: Thursday, Oct. 14

Mr. Howard Lustig, Assistant Principal
Catholic Central High School
625 Seventh Avenue
Troy, NY 12182