

# Catholic Central High School

## CCHS SEMI-FORMAL & AFTER PROM PARTY 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: \_\_\_\_\_

Activity requesting to attend: **CCHS Semi Formal & After Prom** Date: **Sat. Jan. 21<sup>st</sup>**  
Franklin Terrace & So. Saratoga County YMCA, Clifton Park

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

Ms. Maureen Carroll, Assistant Principal  
Catholic Central High School  
625 Seventh Avenue  
Troy, NY 12182

**Deadline: January 19, 2012**

[www.cchstroy.org](http://www.cchstroy.org)