



Lisa M. Zdravecky - Principal
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SCHOOL DANCE GUEST FORM

GUEST CANNOT BE OVER THE AGE OF 21

**THIS FORM MUST BE SUBMITTED TO THE DANCE SPONSOR
NO LATER THAN 2 WEEKS BEFORE THE DANCE!**

Please FAX completed form to 724-966-5556. THANK YOU!

STUDENT INFORMATION:

Carmichaels Student Name: _____ Grade: _____ Phone: _____

I agree to be responsible for my guest's actions and adherence to the Carmichaels Area School District rules. Failure to do so will jeopardize my privilege to attend future Carmichaels Area High School functions.

Carmichaels Area High School Student Signature: _____

CARMICHAELS PARENT/GUARDIAN ACKNOWLEDGEMENT:

I have reviewed the information provided and give my permission for my son/daughter to attend the Carmichaels Area High School function with the person listed below.

Parent Name Printed: _____ Parent Signature: _____

GUEST INFORMATION:

Guest Student Name: _____ Grade _____ Age: _____ Phone: _____

Guest Parent/Guardian Name: _____ Phone: _____

As a guest of Carmichaels Area High School, I understand that I am under the jurisdiction of the school and must follow all school rules, including dress code and dancing. Failure to do so may be grounds for my removal from the Carmichaels Area High School function without a refund.

Guest Student Signature: _____ Date: _____

Guest Parent Signature: _____ Date: _____

To be completed by High School Administrator or Employer (only if not in school) OF THE GUEST! Please indicate the status of this student at your high school or place of employment.

_____ This individual is in good standing at our school/place of employment.

_____ This individual is NOT in good standing at our school/place of employment.

_____ Please contact me regarding this student. Phone: _____

Name of High School or Employment Agency: _____

Printed Name of Administrator/Employer: _____

Administrator/Employer Signature: _____

FOR CASD STAFF ONLY:

Date Rec'd _____ Administrator's Approval _____