Gabriel Richard Catholic High School 15325 Pennsylvania Rd., Riverview, MI 734-284-1875 Dance Guest Permission Form

Gabriel Richard Catholic High School requires that students bringing a guest (1) to a school sponsored dance complete and return this form. The information requested on this form is required in order to better assure safety and security at school dances. A completed form must be returned to the Gabriel Richard Catholic High School office and approved by the administration prior to the purchase of a ticket for the Guest.

Please be advised of the following rules and requirements:

- No guest will be admitted the night of the dance without this form being on file
- No middle school or junior high students will be permitted to attend
- No guests may be over 20 years of age and must provide proof of age
- Students and guests must follow the Gabriel Richard Catholic High School Code of Conduct
- If a student or guest commits an infraction or causes a problem, administrators, parents, and law enforcement personnel will be contacted
- A school principal's signature is required if the guest attends another high school
- All guests must present a picture ID at the door

To be completed by current GRCHS stude	enc.				
Name of GRCHS Student	Grade	Home Phone/C	Cell Phone		_
Signature of GRCHS Student					
To be completed by Guest:					
Name of Guest	Address/ City			Age	_
Driver's License Number	Date of Birth	Parent's	s Contact	Number	_
Signature of Guest	Guest's Current	: School			
To be signed by parent or guardian of cu	rrent GRCHS studer	nt:			
I understand that the above guest will be event. If there is a violation of these rule campus, may be referred to authorities, n immediately.	s and/or regulation	s, the above stud	ent and g	uest will be aske	ed to leave the
Parent/Guardian Signature:			Dat	e:	
To be completed by an administrator at C	Guest's school:				
Please FAX to the Main School Office DO NOT RETURN THIS FORM TO STU		4 after you com	plete this	s section.	
 Is the above mentioned student curre Do you recommend that he/she be pe 			YES YES	NO NO	
Signature of School Administrator	Title		School	Phone Number	
Printed Name of School Administrator	Date				