



SARATOGA CENTRAL CATHOLIC SCHOOL

247 Broadway, Saratoga Springs, NY 12866
Phone: 518.587.7070 Fax: 518.587.0678
www.saratogacatholic.org

GUEST AUTHORIZATION FORM RELEASE

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

Guest's Full Name: _____ Guest's DOB: _____

Guest's Address: _____

Guest's Phone: _____

SCC Student's Name: _____ Grade: _____

SCC Parent or Guardian Signature: _____ Date: _____

Activity Requesting to Attend: _____ Date: _____

Guest's Signature: _____ Date: _____

Guest's Parent or Guardian Signature: _____ Date: _____

Emergency Contact Person & Phone Number: (MANDATORY) _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR OF GUEST

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

School currently attending: _____ Is the student currently in good standing? (Yes/No) _____

Does the student have a record of drug/alcohol/violence or other serious violations of school policies? (Yes/No) _____

Do you know of any reason why this guest should be excluded from our school function? (Yes/No) _____

If yes to either of the questions above, please explain (be specific as to dates, etc.): _____

Name of person filling out this form: _____ Title: _____

PLEASE EMAIL INFORMATION TO PRINCIPAL CHRIS SIGNOR:

csignor@saratogacatholic.org

