



## SARATOGA CENTRAL CATHOLIC HIGH SCHOOL

### GUEST AUTHORIZATION RELEASE

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

Guest Name: \_\_\_\_\_ Guest's Date of Birth \_\_\_\_\_  
(Print Full Name Only-No Nick Names) Guest's Phone # \_\_\_\_\_

Guest's Address: \_\_\_\_\_

Saratoga Central Catholic Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Saratoga Central Catholic Student's Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Activity Requesting to Attend: \_\_\_\_\_ Date \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Guest's Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Person and Phone Number(mandatory): \_\_\_\_\_

### To Be Completed by School Administrator of Guest

Saratoga Central Catholic High School 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 on the guest. Thank you for your assistance.

School currently attending: \_\_\_\_\_

Is the student currently in good standing? \_\_\_\_\_

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 guest should be excluded from our school function? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (be specific as to dates, etc.): \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE FAX INFORMATION TO: 518-587-0678**

**ATTENTION: Principal Signor**