

Naples Central School Dance Guest Request

Date of Dance _____

TO NAPLES STUDENTS

THIS FORM MUST BE **COMPLETED** AND RETURNED TO THE HIGH SCHOOL OFFICE OR YOU WILL NOT BE ABLE TO BRING A GUEST TO THE EVENT. THIS IS A SCHOOL EVENT AND SUBJECT TO ALL SCHOOL RULES.

ONE GUEST PER STUDENT.

Please Print Information

Naples Student Name _____ Grade _____

School Event _____ Date of Event _____

Name of Guest _____ Age of Guest _____

Naples Student Signature _____

(Signature indicates an understanding that the above information will be used to check references and that all Naples School rules will be followed with respect to smoking, alcohol, illegal substances and fighting.)

Naples Parent/Guardian Signature/Phone Number _____

(Where parent/guardian can be reached during the dance.)

GUEST INFORMATION

Guest's Parent/Guardian Signature/Phone Number _____

(Where guest's parent/guardian can be reached during the dance.) Must be obtained before approval is given.

Guest's School Name _____

Guest's School Administrator's/Reference's Signature _____

(Your signature indicates that the student from your school is a "Student in Good Standing" and is eligible to attend a similar event at your school.)

****Guest's School/Reference's Phone No.** _____ **Fax No.** _____

****Guest's School: Fax to Naples Central School at 585 374-1820 or email: eletta@naplescsd.org, attention: Evelyn Letta, High School Secretary.**

Naples Administrator's Signature _____ Date _____

Approved _____ Not Approved _____