

MAPLE HILL HIGH SCHOOL

GUEST AUTHORIZATION RELEASE

(Must be received on the Wednesday preceding the date of the school function)

Students Name: _____ Phone # _____

Permission is hereby granted for Maple Hill High School to receive information regarding:

Guest Name _____ Guest Date of Birth _____

Guest Phone # _____

Activity Title and Date: _____

Guest Signature: _____ Date: _____

Guest Parent/Guardian Signature: _____ Date: _____

Emergency Contact Person and Phone # (Mandatory) _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR OF GUEST

Maple Hill High School has a guest attendance policy in place. A MHHS student has invited the person named above to a Maple Hill High School function. Please complete the following information so that we may obtain some background on the guest. Thank you for your assistance.

School currently attending: _____

If guest is not in school, and is employed, check here:

Is the student currently in good standing in your school? Yes ___ No ___

Does the student have a record of drug/school/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 student should be excluded as a guest at our school functions?
Yes ___ No ___ If yes, please explain (be specific as to dates, etc.) _____

Name/Title of Administrator filling out this form: _____

Signature: _____ **Date:** _____

Please return to: Jacqueline Hill, Principal
Maple Hill High School
1216 Maple Hill Road
Castleton, NY 12033

Or fax to: 518-732-0494