



Cardinal O'Hara

HIGH SCHOOL

Guest Authorization Release Form

PLEASE PRINT

COHS student's name: _____

Guest's name: _____

Address of guest: _____

Activity requested to attend: _____

Guest signature: _____ Date: _____

Guest parent signature: _____ Date: _____ Contact phone #: _____

*COHS students are responsible for their guest's behavior during this event.
By signing this form, you are acknowledging this policy.*

COHS parent signature: _____ Date: _____ Contact Phone #: _____

ALL PARTICIPANTS ARE EXPECTED TO COMPLY WITH CARDINAL O'HARA'S CODE OF CONDUCT.

THE BOTTOM PORTION IS TO BE FILLED OUT BY GUEST'S ADMINISTRATOR.

Guest is enrolled in: High School _____ College _____ Not Attending School _____

Age _____ School attending: _____

If in High School, please answer the following questions:

Is student currently in good standing? Yes _____ No _____

If your school held a special event tonight, would you allow this student to attend? Yes _____ No _____

Do you know of any reason why this student should be excluded as a guest at our school function?

Yes _____ No _____

If Yes, please explain (be specific as to details)

Name of person completing this form: _____

Signature: _____ Title: _____ Date: _____

PLEASE COMPLETE AND FAX TO CARDINAL O'HARA HIGH SCHOOL TO THE ATTENTION OF JILL MONACO
AT 716-692-8697 OR SEND VIA E-MAIL TO JMONACO@CARDINALOHARA.COM.

NO PAPER COPIES WILL BE ACCEPTED.

THANK YOU.