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 COMPLYWITH CARDINAL O'HARA'S CODE OF CONDUCT.
THE BOTTOM PORTION IS TO BE FILLEDOUT 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:

Isstudent currently in good standing? Yes_____ No_____

Ifyour school held a special event tonight, would you allow this student to attend? Yes_____ No_____

Doyou 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 BRIAN LAMPING AT 716-692-8697 OR SEND VIA E-MAIL TO BLAMPING@CARDINALOHARA.COM.
NO PAPER COPIES WILL BE ACCEPTED.
THANK YOU.