

# Guest Authorization Release

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

Guest Name: \_\_\_\_\_ Guest Phone Number: \_\_\_\_\_  
Guest Date of Birth: \_\_\_\_\_  
Guest's Address: \_\_\_\_\_  
Galway Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Activity Requesting to Attend: \_\_\_\_\_ Date: \_\_\_\_\_  
Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guest Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact (MANDATORY) Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## THE FOLLOWING IS TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR OF THE GUEST

A Galway Central High School student has invited the person named above to a Galway Central 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 the guest is not in school, check here and attach employment information: ☐

Also, we will need a copy of a valid driver's license.

Is the student currently in good standing in your school: ☐ Yes ☐ No

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 to dates, etc.).

Do you know of any reason why this student should be excluded as a guest at our school function? ☐ Yes ☐ No

No student 21 or older will be allowed to attend.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward information to:

Mr. Michael Healey  
Galway Central High School  
5317 Sacandaga Road  
Galway, New York 12074

Or Fax to: (518) 882-5250, Attention Mr. Michael Healey