

# Notre Dame Regional High School

## DANCE PERMISSION FORM

265 Notre Dame Drive, Cape Girardeau, Mo 63780

Phone: 573.335.6772 Fax: 573.335.3458

Brother David Migliorino, OSF, Principal

### Section 1 - To be completed by Notre Dame Regional High School student

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Event \_\_\_\_\_

### Section 2 - to be completed by a Notre Dame parent/guardian, former teacher, or employer IF GUEST DOES NOT CURRENTLY ATTEND HIGH SCHOOL

I personally know \_\_\_\_\_, and will attest to his/her character. He/she has my recommendation to attend the above Notre Dame Regional High School event.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_

Relationship to guest \_\_\_\_\_ Phone \_\_\_\_\_

### Section 3 - (Guest) Your signature indicates that you have read and accept the following guidelines:

- Guest must be (have been) in good standing with his/her high school
- Guest must enter the event with the Notre Dame student listed above
- Guest must provide picture identification (i.e. Drivers License, School Photo I.D.) at the door.
- This form must be filled out completely and brought to the event with you.
- No guest currently under suspension, expulsion, or other disciplinary sentence may attend.
- No guest or Notre Dame student will be readmitted after leaving the event at any time.
- Notre Dame Regional High School students are responsible for the behavior of their guests.

### Section 4 - To be completed by Guest (visiting student or non-high school student or Notre Dame under class student)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Name of Phone Number of Guests High School (if applicable)  
\_\_\_\_\_

### Section 5 - to be completed by Guest

I, \_\_\_\_\_, agree to follow all rules and regulations set forth by Notre Dame Regional High School concerning conduct and attire for the above extra-curricular event. I understand that any person attending this event may be required to submit to an alcohol breath test at the door. I understand that a violation set forth by Notre Dame Regional High School will result in dismissal from the event. In addition, if I am asked to leave the event, I understand that I will not be readmitted, nor will be entitled to a refund.

Signature of Guest \_\_\_\_\_

Signature of Guest's Principal \_\_\_\_\_

Completed Forms must be returned to \_\_\_\_\_

By 3:00p.m. on \_\_\_\_\_

Revised October 2008

