OUT-OF-SCHOOL GUESTS FOR DANCES AT C-FC

We are glad that you have chosen to attend our dance here at Cochrane-Fountain City High School. For the safety of attendees, we ask that you complete the following registration form and return it to the office at least **three** days prior to the dance. By signing this document, the dance guest agrees to adhere to rules and expectations of appropriate behavior at a C-FC dance.

Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C-FC Student wishing to bring Guest:

Student Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:

Current School of Attendance:

Year of Graduation:

Guest Principal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Guest Principal’s Signature (indicates student is in good standing)

Guest’s Parent’s Names:

Guest Parent’s Phone Number:

Guest Signature:

Guest Parent Signature:

C-FC Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_