

PHONE: [330]385.5588 FAX: [330]385.1267

REQUEST PERMISSION GUEST FORM

Section I: To be completed by the out-of-school guest. Guest Name: Address: Parent/Guardian (print): ______ I am aware that my son/daughter will be attending the ELCS ______ dance on _____ dance on _____. My son/daughter will be required to abide by all rules and regulations established by East Liverpool Christian School. Parent/Guardian signature: Section II: To be completed by the ELCS student requesting to bring an out-of-school guest. ELCS Student name: _____ I am aware that my son/daughter will be escorting ______ to the ELCS _____ dance on ______. Parent/Guardian (print): Parent/Guardian signature: Section III: To be completed by the school principal of the out-of-school guest. is a student enrolled in _____ grade at _____ _____ Middle/High School. Principal (print): ______

Principal signature:

Section IV: To be completed by the out-of-school guest if the guest is 18 years of age or older and/or no longer
attending school.
Name: Age:
I agree to abide by all rules that pertain to East Liverpool Christian School students while attending the ELCS
dance.
Guest signature:
Section V: To be completed by ELCS principal signifying approval of the out-of-school guest.
Principal signature:
Peggy Bouscher, Principal