

# ALLEGANY-LIMESTONE SCHOOL DISTRICT

ALLEGANY-LIMESTONE MHS  
3131 FIVE MILE RD.  
ALLEGANY, NY 14706

TELEPHONE: 716-375-6600  
FAX: 716-375-6630

## Permission to Attend Dance/Activity

DATE OF DANCE/ACTIVITY: \_\_\_\_\_

Please complete this form and **include all of the requested signatures below**. Picture identification of the guest must be attached and must also be presented at the dance/activity. It is the responsibility of the ALMHS student to get this form to their guest's parents AND home school for signatures.

### TO BE COMPLETED BY ALMHS STUDENT AND PARENT/GUARDIAN:

ALMHS Student Name: \_\_\_\_\_

Parent/Guardian Telephone #: \_\_\_\_\_ Age/Grade Level: \_\_\_\_\_

I attest that my child, \_\_\_\_\_, has permission to attend the ALMHS dance/activity with the guest named below.

ALMHS Parent/Guardian Signature: \_\_\_\_\_

### TO BE COMPLETED BY GUEST'S PARENT/GUARDIAN:

Guest Name: \_\_\_\_\_ Age/Grade Level: \_\_\_\_\_

Guest's Parent/Guardian Telephone #: \_\_\_\_\_

I acknowledge that my child, \_\_\_\_\_, has permission to attend the ALMHS dance/activity. I attest that my child is **UNDER 21 YEARS OF AGE** and I accept responsibility for my child's behavior at this dance/activity.

Guest's Parent/Guardian Signature: \_\_\_\_\_

### TO BE COMPLETED BY GUEST'S HOME SCHOOL/EMPLOYER:

Guest's Home School/Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ I recommend the guest listed above to attend this ALMHS dance/activity.

Guest's Home School Administrator/Employer Signature: \_\_\_\_\_

ALMHS Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE ALMHS OFFICE **AT** **LEAST 48 HOURS PRIOR** TO THE DANCE/ACTIVITY.**