

ST. JOSEPH CATHOLIC ACADEMY - HOMECOMING 2018 - GUEST PERMISSION FORM

September 22nd - 8pm-11pm

This form must be filled out in its entirety by **THURSDAY, SEPTEMBER 20th** to bring a guest who is not a current SJCA student.

As a Catholic school, we believe that our values are reflected by our words and actions. St. Joseph Catholic Academy expects that...

1. our students and guests dance with modesty, restraint and self-respect (inappropriate and sexually suggestive dancing is not permitted).
2. our students and guests respect authority of the chaperones and cooperate with their instructions.
3. our students and guests follow all guidelines stated in the Dance Policy of the Student/Parent Handbook.

Guests must meet the following requirements.

- **The minimum grade level for all guests is ninth grade; the maximum age is 19.**
- **Only SJCA graduates from the prior year's graduating class will be admitted as a guest. Must be in good standing.**
- **Guests from other high schools must present a picture ID at the door and have it available all evening upon request.**

SJCA Student - As a SJCA student, I understand that all school rules apply at this function and I will inform my guest of these rules. I am aware that any disciplinary incident related to my guest may be served by me.

Name of SJCA Student (Please Print) _____

Grade _____

Signature of SJCA Student _____

Today's Date _____

SJCA Parent - As the Parent/Guardian of this SJCA Student, I find this guest to be a responsible person of the correct age. I recommend this person as an acceptable guest for this school-sponsored activity.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Today's Date _____

Guest Information

Current High School Student - Need current administrator's signature below.
 SJCA Graduate - Need to be in good standing with SJCA.

Guest Name (Please Print) _____

Grade/Grad Year _____

Current High School (if not a SJCA Graduate) _____

Home Address: _____ City: _____ Parent/Guardian Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

In case of a guest emergency on the evening of the dance, please contact:

Name: _____ At (Home Phone): _____

(Cell Phone): _____

As an administrator of the school, I recommend that the above named student be allowed to participate in this activity at St. Joseph Catholic Academy.

Guest's School Administrator Signature and Title _____

Print Name _____

SJCA Administration (Director of Student Conduct) Consent

SJCA Director of Student Conduct Signature _____

Date _____

APPROVED / DECLINED

Upon completion and confirmation of information, a dance ticket may be purchased for this student.

Any questions, please contact Mrs. Withun at St. Joseph Catholic Academy at (262) 654-8651 ext. 124 or by fax at 262-654-1615.

