

Tammy Silvernell  
Principal  
Kyle H. McFarland  
Associate Principal

# Cambridge Central School District Junior/Senior High School



## Guest Authorization Release

Permission is hereby granted for Cambridge Junior/Senior High School to receive the following information regarding:

Guest Name: \_\_\_\_\_ Guest's Date of Birth: \_\_\_\_\_  
(Print Full Name Only – No Nicknames)

Guest's Address: \_\_\_\_\_

Cambridge Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Cambridge Student's Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Requesting to Attend: \_\_\_\_\_ Date: \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Emergency Contact Person Name & Phone Number (Mandatory): \_\_\_\_\_

## To Be Completed by School Administrator of Guest

Cambridge Junior/Senior High School has a guest policy in place. The person named above has been invited to a Cambridge Junior/Senior High School function by a Cambridge Junior/Senior High School student. Please complete the following information so that we may obtain some background on the guest. Thank you for your assistance.

School Currently Attending: \_\_\_\_\_

If guest is not in school, check here and attach employment information: \_\_\_\_\_

Is the student currently in good standing in your school? Yes No

Does the student have a record of drug/alcohol/violence or other serious violations of school policy?  
If yes, please explain (be specific as to dates, etc.): \_\_\_\_\_

Do you know of any reason why this guest should be excluded as a guest at our school function?  
If yes, please explain (be specific as to dates, etc.): \_\_\_\_\_

Name of Person Filling Out the Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Forward Information To:

Mrs. Tammy Silvernell, Junior/Senior High School Principal  
Cambridge Junior/Senior High School  
24 South Park Street Road  
Cambridge, NY 12816

Or Fax to: 677-3246