



Averill Park Central School District

146 Gettle Road, Averill Park, NY 12018

Phone: (518) 674-7000

Fax: (518) 674-7046

www.averillpark.k12.ny.us

Averill Park High School Dance Guest Form

Guests must present a photo ID at dance--limit one guest per student. Guests must enter the dance with the APHS student who purchased the ticket and has signed this form. Students in grade 8 or lower or age 21 or over may not attend any Averill Park High School sponsored dances. This dance form must be completed and submitted upon purchase of the guest ticket. The form will then go to APHS administration for review.

Permission is hereby granted for Averill Park High School to receive information regarding:

Print Guest's Full Name: _____ Guest's DOB: _____ Guest's Grade: _____

Guest's Parent/Guardian's Phone #: _____ Guest's Address: _____

Guest's Parent/Guardian's Signature: _____

Print APHS Student's Name: _____ Grade: _____

APHS Student's Signature: _____ Date: _____

APHS Parent/Guardian's Signature: _____

APHS Emergency Contact Person & Phone # (mandatory):

Name: _____ Phone: _____

To Be Completed by School Administrator of the Guest

Averill Park High School has a guest attendance policy in place. The person named above has been invited to an Averill Park High School function by an Averill Park High School Student. Please complete the following information so that we may obtain some background on the guest. Thank you for your assistance.

School the guest is currently attending: _____

Is this student in good standing at your school and eligible to attend extra-curricular activities? Yes No

Does this student have a record of drug/alcohol/violence or serious violations of school policies? Yes No

If yes to either of these questions, please explain (be specific as to date, etc.) _____

Name of person completing this form please print): _____

Title: _____ Signature: _____ Date: _____

Guest is no Longer a student at a high school

Current Status:

A. Attends college at: _____ Name/Signature of College Official: _____

B. Former High School: _____

Did the student have a record of negative behavior/suspensions? Yes No

C. Age: _____ DOB: _____

Please fax completed form to Averill Park High School Office at (518) 674-7046