

# the king's school

PO Box 300, Lake Luzerne, NY 12846, FAX: (518) 654-7310

## GUEST PERMISSION FORM

Your student, \_\_\_\_\_, would like to be a guest at The King's School's Annual Sports Banquet on \_\_\_\_\_. Please fill out the questionnaire below for approval of this request. Thank you for your valuable time.

Principal Kellie Girling

### STUDENT FILL IN THE FOLLOWING:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ School: \_\_\_\_\_

Name of King's School student inviting you: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Emergency contact: \_\_\_\_\_ 2. Emergency contact: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

### PRINCIPAL FILL IN THE FOLLOWING:

Principal's name: \_\_\_\_\_ Date: \_\_\_\_\_

Is the above mentioned student currently in good standing at your school? \_\_\_ Yes \_\_\_ No

Has the student received behavior referrals this year? \_\_\_ Yes \_\_\_ No

Does the student have a record of drug/alcohol/violence or other serious violations of school policy? \_\_\_ Yes \_\_\_ No

How would you (or a teacher) describe this student?

(PLEASE FAX TO NUMBER AT TOP OR HAVE STUDENT HAND DELIVER. THANK YOU VERY MUCH.)