TEL. 814-473-3121 FAX 814-473-8021

Student Guest Form

For Union students requesting to bring non-Union students to a Dance/Activity.

This completed form must be returned to the high school office no later than the Tuesday prior to the event.

Name of Dance/Activity:	Date of Event:
— Union Student —————	
Name:	Grade:
I am aware and understand the rules regarding accept responsibility for myself and my guest's	ng the behavior of my guest at the dance/activity. Is behavior.
→ Signature:	Date:
	guest named below to the above named event. I am behavior of attendees at Union activities. I accept
Signature:	Date:
Emergency Contact Number:	
enrolled in high school may be requested to so attend the above named event. I understand and will follow rules and regulat	ge as of the day of the event. Guests not currently hedule a meeting with the principal for permission to tions of the Union School District. I understand that a this event. I agree to provide one form of photo at itself.
Name:	Grade:
Signature:	
If currently enrolled School of Attendance:	
	s in good standing and is not currently under any e he/she would be eligible to attend an event at our ssion to attend the above named Union event.
Administrator's Signature:	Date: