

Odin Schools Guest Permission Form

100 Merritt St., Odin, IL 62870

Phone: (618) 775-8266 Fax: (618) 775-8268

FORM MUST BE APPROVED BY ADMINISTRATION PRIOR TO PURCHASING TICKET AND/OR ATTENDING THE SCHOOL EVENT AND MUST BE RETURNED TO THE OFFICE ONE WEEK BEFORE THE SCHEDULED EVENT

Event: _____ Date of Event: _____

Odin Student: _____

Guest Name (please print): _____

Guest Address: _____

Guest Parent/Guardian: _____

Part I: To be completed if the guest attends another school

Administrator's Recommendation:

_____ is a student in good standing at _____
(Student's Name) (Name of School)

(Signature of Administrator) (Title) (Date)

Part II: To be completed by an Odin School Parent/Guardian if the guest does not currently attend another school

As the parent/guardian of the Odin School student, I find her/her guest to be a responsible person and under 21 years of age. I approve him/her as an acceptable guest for this school event.

(Parent/Guardian Signature) (Date) (Phone Number)

Part III: To be completed by all guests

I agree to obey all rules and regulations set forth by Odin Schools concerning extra-curricular events. I understand that I must be no older than 20 years of age if attending a high school event and must be in grade 5 through 8 if attending a grade school event. I also understand that any violation of event expectations will result in dismissal from the event without refund.

(Guest Name-Please Print) (Guest Signature) (Date)

The Odin School Administration reserves the right to decline the request of any non-Odin student.

Approved Declined Administrator's Signature Date: