

COZAD HIGH SCHOOL DANCE GUEST FORM

Fax 308-217-4505



Please Return to High School Office When Completed

Cozad High School Student Name: _____ Grade: ____ Phone No.: _____

I agree to be responsible for my guest's actions and adherence to the Cozad High School rules. Failure to do so will jeopardize my privilege to attend future Cozad High School functions.

Cozad High School Student Signature: _____

Cozad High School Parent/Guardian Acknowledgement:

I have reviewed the information provided and give my permission for my son/daughter to attend the Cozad High School function with the person listed below. You may contact me at this phone number. _____

Parent Name (Print): _____

Guest Information:

Guest Name: _____ Age: _____

Phone Number: _____

Guest's Parent/Guardian Information:

Guest Parent/Guardian Name: _____ Cell Phone Number: _____

Signature: _____

As a guest of Cozad High School, I understand that I am under the jurisdiction of the school and must follow all school rules, including dress code and dancing. Failure to do so may be grounds for my removal from the Cozad High School function without refund.

Guest Student Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY THE PRINCIPAL OF THE GUESTS HIGH SCHOOL

Name of School: _____ School Phone _____

Is the above-mentioned student currently in good standing?

Yes No

Do you recommend that he/she be admitted to a Cozad High School Function?

Yes No

Principal's Signature: _____ Date: _____