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***Dance Guest Contract***

**Coginchaug Student Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My student named above has my permission to bring \_\_\_\_\_  
(guest's name)

To the dance on (date): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

I, \_\_\_\_\_, have invited someone outside of Coginchaug Regional High School to attend the dance on \_\_\_\_\_. I understand that my guest is responsible for upholding the CRHS code of conduct. I further understand that if my guest is in violation of the conduct that we will both be asked to leave the event.

CRHS Student Signature: \_\_\_\_\_

**Dance Guest Information**

Guest Name: \_\_\_\_\_ Guest Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guest's Special Medical Conditions (circle one): YES NO If yes describe conditions:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

I, \_\_\_\_\_, have been invited to Coginchaug Regional High School's dance to be held on \_\_\_\_\_. I understand that there are certain rules and conduct that I must adhere to during the event. I agree to not smoke, drink, vape, or engage in any other activity that would violate CRHS's code of conduct. I further understand that if I break any of the aforementioned rules or other school rules my parent/guardian will be called and I will be asked to leave the event.

Guest Signature: \_\_\_\_\_

Students are expected to comply with the school and venue's rules and regulations, to be courteous to each other, employees of the school district, and volunteer chaperones; and to follow the directives of agents of the Board of Education, including administrators, school faculty, secretaries, custodians, and cafeteria employees.

In the event of illness or injury, the guest student's parent or guardian will be contacted. When immediate medical treatment seems essential, Cuginchaug Regional High School personnel will contact emergency personnel to transport the child to an appropriate medical facility by ambulance.

My child has read, understands, and agrees to comply with the rules governing dances and general conduct. In the event of a rules infraction, I will be contacted and I will make arrangements to pick up my child at the dance location.

Guest's Parent/Guardian Signature: \_\_\_\_\_

Guest's Signature: \_\_\_\_\_

No guest below grade 9 or over the age of **20** will be allowed to attend a school dance. All guests must provide a copy of a **photo ID** (license or school ID) and provide an **emergency cell phone number** of the closest relative with this contract prior to the purchase of a ticket for approval.

**TO BE COMPLETED BY THE GUEST'S SCHOOL ADMINISTRATOR**

**Principal's Statement:** To the best of my knowledge, \_\_\_\_\_ is a student in "good standing" at our school. He/She is not currently under suspension and has not been expelled or recommended for expulsion from our school. Please contact our school regarding misbehavior on the part of our student while he/she is a guest in your school.

Guest's School: \_\_\_\_\_

Guest's School Principal's Name: \_\_\_\_\_

Guest Principal's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardians: Please read the entire Dance Guest Contract. Your signature in the appropriate section indicates that you have read, understand, and agree to the contents of the entire form. This form must be submitted by the date required by the dance coordinator. **An approved Dance Guest Contract is necessary for the purchase of dance tickets at the designated time and location.**