

CHAUTAUQUA LAKE SECONDARY SCHOOL GUEST AUTHORIZATION RELEASE

Host Information

CLCS Student Name: _____ Grade: _____

Activity requesting to attend: _____ Date of Event: _____

I hereby give permission to have the following guest, listed below, attend the event being held by Chautauqua Lake Secondary School with my son/daughter who is presently a student at Chautauqua Lake Secondary School.

CLCS Parent/Guardian Signature: _____

Date: _____ Phone: _____

Guest Information:

Guest Name: _____ Grade: _____ Age: _____

Address: _____

Home Phone # _____ Home School Name: _____

Parent/Guardian Signature: _____

To be completed by the School Administrator of Guest

Chautauqua Lake Secondary School has a guest attendance policy in place. The student named above has been invited to a Chautauqua Lake Secondary School function by a Chautauqua Lake student. Please complete the form and return to Chautauqua Lake Secondary School.

____ I recommend the student above as a good ambassador of my school and that he/she be able to participate in a Chautauqua Lake Secondary School activity.

____ I would not recommend the student listed above attend a Chautauqua Lake Secondary School activity.

Administrator Signature

Title

Date

Phone #

Please fax this completed form to:
Mrs. Rachel Curtin
Chautauqua Lake Secondary School
Fax # 716-753-5886

(rev. 5/22)

**College/Home School students
must include:**

____ Driver License

____ Health Insurance Card

____ Emergency Contact info