



Guest Authorization Form

Alternative Education

Chautauqua Lake Secondary School

Principal's Name Mrs. Rachel Curtin
Fax # 716-753-5886
E-mail: wlatimer@clake.org



Return completed forms via
fax or email.

Student Name	
Grade:	Age:
Home Phone #:	Student Cell #
Parent Name:	Parent Cell #

Parent Signature: _____

Students Must Attach:

<input type="checkbox"/>	Health Insurance Card (copy of)
<input type="checkbox"/>	Health & Emergency contact information
<input type="checkbox"/>	Guest Authorization Form (if you are bringing a student from another school)

Parent Signature: _____

To Completed by Administrator:

Chautauqua Lake Secondary School has dance policies that include attendance, grades and discipline. Please complete this form and return to Chautauqua Lake.

<input type="checkbox"/>	I would recommend the student listed above attend at Chautauqua Lake Secondary School activity..
<input type="checkbox"/>	The above named student is passing all of their classes.
<input type="checkbox"/>	The above named student has had no discipline referral this school year.

Administrator Signature: _____

Building: _____