LITTLE ROCK CHRISTIAN ACADEMY

Dance Guest Authorization Release

LRCA Student's Name

GUEST INFORMATION

Permission is hereby granted for Little Rock Christian Academy to receive information regarding the following:

Guest's Full Name | Date of Birth | Grade

Home Address

Home Phone | Signature

Parent/Guardian Signature | Cell Phone Number

Email

Emergency Contact Person | Cell Phone Number

To Be Completed By School Administrator Of Guest

Little Rock Christian Academy has a guest attendance policy in place. The person named above has been invited to a Little Rock Christian Academy function by a LRCA student. Please complete the following information so that we may obtain some background on the guest. Thank you for your assistance.

School Currently Attending

Is the student currently in good standing in your school? ○ Yes ○ No

Does the student have a record of drug/alcohol/violence or other serious violations of school policies? ○ Yes ○ No

If yes, please explain *(be specific as to dates, etc.)*:

Do you know of any reason why this student should be excluded as a guest at our school function? ○ Yes ○ No

If yes, please explain *(be specific as to dates, etc.)*:

Guest's Administrator's Printed Name | Signature | Title | Date