Guest Permission Form

*(Return this form to the LCHS main office no later than **three "school" days** prior to the event. Guests must be 20 and under.)*

LAKEVIEW CENTENNIAL HIGH SCHOOL

3505 Hayman Dr.
Garland, TX 75043

PH 972-240-3740
FAX 972-487-4395

For the Lakeview Centennial Host:

*I understand that it is the expectation of the LCHS sponsors and administration that this person is my date, and will arrive with me, be with me the entire evening, and leave with me. I understand that I am responsible for the behavior of my guest, and that all Lakeview Centennial/GISD Dress Code (on back of this form) and Code of Conduct guidelines will apply equally to me and my guest at this event. The signatures below acknowledge that I and my parent/guardian have **Read** and **Agree** to follow those guidelines, and that my guest has been informed of them as well.*

Student Name (Printed)

Student ID Number

Student Signature

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Parent/Guardian Phone Number
(May be contacted at this number during the event, if necessary.)

For the Guest:

My parent/guardian and I are aware of the guidelines involved in attending this event, and our signatures below acknowledge our agreement to those guidelines.

Guest Name (Printed)

Student ID Number/Drivers License Number

Guest Signature

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Parent/Guardian Phone Number
(May be contacted at this number during the event, if necessary.)

Name of School Attended

Phone Number of School Attended

- ☐ Homecoming
- ☐ Legacy
- ☐ Prom
- ☐ Other: _____

For the Principal/Asst. Principal of Guest's School:

I verify that this prospective guest is a student in good standing at our school, and should not be a behavioral concern at your event.

Administrator's Signature

Administrator's Title

Administrator's Name (Printed)

Date Signed