

LRCA STUDENT INFORMATION

Student's Name

Dance Name

Parent/Guardian Name

Parent/Guardian Signature

GUEST INFORMATION

Guest's Full Name

Grade

Guest Parent/Guardian Name

Cell Phone Number

Guest Parent/Guardian Signature

Email

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