



GUEST PERMISSION FORM (ID REQUIRED)

Lakeview Centennial High School
3505 Hayman Dr
Garland, Texas 75043 972 240-3740

ATTACH
PRINCIPAL/ASSISTANT PRINCIPAL'S
BUSINESS CARD HERE

For the Lakeview Centennial High School Host:

I understand that it is the expectation of the LCHS sponsors and administration that the person is my date and will arrive with me and 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 High School/GISD Dress Code and Code of Conduct guidelines will apply equally to me and my guest at this event.

Printed Student Name

Printed Parent/Guardian Name

Student ID Number

Parent/Guardian Signature

Student Signature

Parent/Guardian Phone Number (may be contacted during event)

For the Lakeview Centennial High School Guest: You must be in high school and/or not over the age of 20 to attend.

My parent/guardian and I are aware of the guidelines involved in attending this event. Our signatures are below and acknowledge our agreement to those guidelines. My parent/guardian may be contacted during the event, if needed.

Printed Student Name

Printed Parent/Guardian Name

Student ID / School

Parent/Guardian Phone Number

Student DOB

Parent/Guardian Signature

Drivers License Number

Student Signature

For the Principal/Assistant 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

Printed Administrator's Name

Date

If in homeschool

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.

Name of Homeschool Program (if applicable): _____

Name of Parent

Parent Phone #

If graduated

Name of School: _____

Year Graduated: _____

Name of Parent: _____

Parent Phone #: _____

Lakeview Centennial High School Administrator Approval

SRO Initials _____

Approved: _____

Denied: _____

LCHS Administrator: _____

Date: _____