

To be initiated by RGNS Student requesting a Non RGNS Guest

Host Name (Print): _____

Guest Name (Print) _____

Name of Parent/Guardian (Print)

Signature of Parent/Guardian: _____

Please check the appropriate line below:

_____ My guest is currently enrolled in high school.

_____ My guest is homeschooled.

To be completed by an administrator from the guest's school:

The above-named student has requested to attend a student function at Rabun Gap Nacoochee School. Please submit your information below so the Student Life Office may contact you to confirm that this student is in good standing at your school and has no serious discipline issues.

Thank you.

School Administrator:

Name (print): _____

Position: _____

School: _____

Contact Number: _____

Email: _____

Signature: _____ Date: _____

Submit completed form to jnoffsinger@rabungap.org by 10/22/26 @ 1 PM