



# Hamburg High School Guest Form



***By completing and submitting this Guest Release you are granting Permission for Hamburg High School to receive information regarding:***

Guest Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
(include #, street, city, town, zip)

**HHS Student Name** \_\_\_\_\_ **Student I.D. #** \_\_\_\_\_ **HR** \_\_\_\_\_

Activity guest wishes to attend \_\_\_\_\_

Guest signature \_\_\_\_\_ Date \_\_\_\_\_

Guest Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Person to call in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ *Check here if guest is not a student and attach employment information*

### ***To be completed by the Guest's School Administrator***

Hamburg High School has a guest policy. The student named above has been invited by a Hamburg student to attend a Hamburg High School function. Please complete the following information so that we may obtain some background on the individual. Thank you for your assistance.

School Guest Attends \_\_\_\_\_ Phone # \_\_\_\_\_

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

If your school held a special event tonight, would you allow this student to attend?  Yes  No

Do you know of any reason why this student should be refused admittance to our school function?

If yes, please explain. Please be specific; include dates.  Yes  No

Name of person completing form \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Please return this completed form to: Assistant Principal, Hamburg Central High School

**Fax: 646-3028**

**ANY GUEST 21 OR OVER MUST MEET WITH BUILDING ADMINISTRATION PRIOR TO EVENT  
This completed form, and photo identification must be presented at the door for admittance.**

***HHS ADMIN APPROVAL SIGNATURE AND DATE:*** \_\_\_\_\_