

ST. JOHN NEUMANN REGIONAL ACADEMY

SCHOOL EVENT GUEST FORM

We/I the parent/guardian of _____, request permission for our student to bring _____, who is a student of _____, as a guest to an SJNRA event. We/I assume full responsibility for this student guest during the function.

Name and Date of Event _____

Parent Signature _____

Phone Number _____

Today's Date _____

**** (The remainder of this form to be completed by the guest) ****

All guests of SJNRA student's must present a photo ID at the event.

No guest over the age of 20 will be approved.

The above student is in good standing at _____ and in grade _____.

Guest's School Administrator's Signature _____

Title _____

- I will abide by all rules, procedures, and directions of any adult in a supervisory position while at the event held at St. John Neumann Regional Academy. I understand that failure to do so will result in my being dismissed from the event and/or sanctions being imposed on me by local law enforcement.

SJNRA Guest Signature _____ Date _____

SJNRA Guest Birth Date and Age _____

Parent/Guardian of Guest Signature _____