

EMILY CARR SECONDARY SCHOOL

GUEST APPLICATION TO ATTEND SCHOOL FUNCTION

PLEASE PRINT

PART A: TO BE COMPLETED BY GUEST

1. My Name is: _____
2. Name of Emily Carr student sponsoring you: _____
3. My address and phone number are: _____
4. Date of Birth: Day _____ Month _____ Year _____

I agree to:

- ✓ Provide a photocopy of photo identification to be included with this form
- ✓ Respect all those in attendance, and follow the instructions/rules of Emily Carr staff
- ✓ Not be under the influence or in possession of drugs or alcohol
- ✓ Make myself known to the staff by way of photo I.D. upon entrance
- ✓ Leave the event immediately if told by a staff member

I further agree that if I am found violating one of Emily Carr rules, or the YRDSB Safe School policy:

- ✓ I give permission for Emily Carr's Principal to contact my school's Principal
- ✓ I give permission for Emily Carr's Principal to contact my Parent/Guardian (for students under the age of 18) to discuss the violation.
- ✓ I am aware that there may be further consequences, including police involvement.

Guest Signature: _____ Date: _____

PART B: TO BE COMPLETED BY GUEST'S PARENT/GUARDIAN (if under 18)

I have read all the conditions/rules on this form and give permission for my child to attend Emily Carr's function.

Parent/Guardian Signature: _____ Date: _____

Home Phone Number: _____ Cell: _____

PART C: TO BE COMPLETED BY PRINCIPAL/VICE PRINCIPAL OF GUEST'S SCHOOL

- I recommend that this student be considered for Emily Carr's function.
- I DO NOT recommend that this student be considered for Emily Carr's function.

School Name: _____ Phone: _____

Principal/Vice Principal's Name: _____

Principal/Vice Principal's Signature: _____

Note: Principal/Vice Principal please put school stamp or seal in this area.