



# Guest Authorization Release

Please Print

Permission is hereby granted for Christian Academy to receive information regarding:

CAWNY Student's Name: \_\_\_\_\_

Activity requested to attend: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Guest's Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Guest cannot exceed age of 19 / \*Guest cannot be a middle school student

Guest is enrolled in:  High School  Home School

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number of Guest: \_\_\_\_\_

Student Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All participants agree to follow the rules and regulations for student code conduct at CAWNY. They will show respect for this community by not using or possessing any tobacco, alcohol, or drugs; by dancing and socializing in a manner that is dignified and appropriate for a school function and by dressing in a manner that manifests self-respect and proper decorum.

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## To be completed by the Administrator of Guest

Christian Academy of Western New York (CAWNY) has a guest attendance policy. A CAWNY student has invited the above-named student to a CAWNY function. Please complete the following information so that we may obtain some background on the student. Thank you for your assistance.

School Attending: \_\_\_\_\_

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

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

Do you know of any reason why this student should be excluded as a guest at our school function?  Yes  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_