

AMHERST HIGH SCHOOL

Guest Authorization Release

(Please print)

Permission is hereby granted for Amherst High School to receive information regarding:

Amherst Student's Name: _____

Guest's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Activity requested to attend:

Guest Signature: _____ Date: _____

Guest Parent Signature: _____ Date: _____

**All participants are expected to comply with
Amherst Central Code of Conduct**

To be Completed by School Administrator of Guest

Amherst High School has a guest attendance policy in place. An Amherst student has invited the above named student to an Amherst function. Please complete the following information so that we may obtain some background on the student. Thank you for your assistance.

If guest is not enrolled in school, check here:

School Attending: _____

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 excluded as a guest at our school function? ___Yes ___No

If yes, please explain (be specific as to dates, etc.)

Name of person completing form: _____ Title: _____

Signature: _____ Date: _____

Please forward information to:
Or fax to 836-4972
4301 Main Street
Amherst, NY 14226

Dean of Students
Amherst High School