



# Platte County

HOME OF THE PIRATES

Tradition. Pride. Vision.

## Guest Permission to Attend School Event

### 1. TO BE COMPLETED BY PCHS STUDENT:

I, \_\_\_\_\_, am requesting that \_\_\_\_\_ attend  
(PCHS Student Name) (Guest's Name)  
 Platte County High School on \_\_\_\_\_, for the following event \_\_\_\_\_.  
(Date) (Name of Event)

I understand that this form **must be turned into the PCHS office 24 hours prior to the event date** in order for permission to be obtained. I also understand that my guest will be high school aged or no more than 20 years old and is expected to comply with the rules of Platte County High School.

\_\_\_\_\_  
(PCHS Student Signature)

### 2. TO BE COMPLETED BY PCHS PARENT/GUARDIAN:

I give permission to have the above named guest attend Platte County High School with my son/daughter. I may be reached at \_\_\_\_\_ or \_\_\_\_\_ may be contacted at  
(phone number) (Name of Emergency Contact)

\_\_\_\_\_  
(Emergency Contact Phone Number)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### 3. GUEST INFORMATION:

Full Name: \_\_\_\_\_ Guest Age: \_\_\_\_\_ Guest Phone Number: \_\_\_\_\_

### 4. IF GUEST IS CURRENTLY ENROLLED IN HIGH SCHOOL, PLEASE COMPLETE THE FOLLOWING:

Guest High School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Guest School Phone Number: \_\_\_\_\_ Guest School Fax Number: \_\_\_\_\_  
 Guest Parent/Guardian Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### 5. TO BE COMPLETED BY GUEST'S SCHOOL ADMINISTRATOR:

I verify that \_\_\_\_\_ is in good standing at our high school, and recommend that they be permitted to attend the above-mentioned event.

\_\_\_\_\_  
(Administrator Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(School Contact Number)

### 4. IF GUEST IS NOT CURRENTLY ENROLLED IN HIGH SCHOOL, PLEASE COMPLETE THE FOLLOWING :

Driver's License or Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Guest Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
(PCHS Administration Signature)

\_\_\_\_\_  
(Date)

Dr. Chad Sayre, Principal  
 Shari Waters, Assistant Principal  
 Matt Messick, Assistant Principal  
 Phil Dorman, Athletic Director  
 Platte County R-3 High School, 1501 Branch Street, Platte City, MO 64079  
 PHONE (816) 858-2822 FAX (816) 858-7067