

## Guest Permission to Attend School Event

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

I, \_\_\_\_\_, am requesting that \_\_\_\_\_ at  
(PCHS Student Name) \* X H V W ¶ V 1 D P H  
 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. My contact information may be reached at \_\_\_\_\_ or \_\_\_\_\_ may be contacted.  
(phone number) (Name of Emergency Contact)

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

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

**3. GUEST INFORMATION:**

Full Name: \_\_\_\_\_ Guest: \_\_\_\_\_ 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)

I verify that \_\_\_\_\_ is in good standing at our high school, and I 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:**

\_\_\_\_\_  
(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  
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