

GIBAULT CATHOLIC HIGH SCHOOL

DANCE FORM

GCHS STUDENT NAME _____

VISITOR'S NAME _____

VISITOR'S AGE _____ GRADE _____

VISITOR'S SCHOOL _____

VISITOR'S PARENT SIGNATURE _____

DATE OF DANCE _____

GCHS STUDENT'S PARENT SIGNATURE _____

NOTE: Visitors must abide by the Gibault dress code. Visitors must abide by all other school rules and must be accountable at all times.

MR. KIDD'S APPROVAL _____

____ I VERIFY THAT THIS STUDENT IS IN GOOD STANDING.

VISITOR'S PRINCIPAL'S SIGNATURE _____

COMPLETE THIS FORM AND RETURN IT TO MR. KIDD AT LEAST ONE WEEK PRIOR TO THE PROPOSED VISIT. YOU MUST HAVE MR. KIDD'S APPROVAL BEFORE A GUEST MAY VISIT.