

**EAST AURORA HIGH SCHOOL**  
**1003 CENTER ST.**  
**EAST AURORA, NY 14052**  
687-2500 or fax 687-2552  
www.eastauroraschools.org

**Guest Authorization Release**

Activity Requesting to Attend \_\_\_\_\_ Date of activity \_\_\_\_\_

Guest \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

This student will be a guest of (EA Student Name) \_\_\_\_\_

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

Guest Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission is hereby granted for East Aurora High School to receive information**

Emergency phone contact (name) \_\_\_\_\_ (phone) \_\_\_\_\_

**To be completed by the school administrator of the Guest**

School of Attendance \_\_\_\_\_ Phone number \_\_\_\_\_

Is this 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 \_\_\_

Does this student have a record of violence and/or use of weapons? Yes \_\_\_ No \_\_\_

Is there any reason why this student should be excluded from our school function? Yes \_\_\_ No \_\_\_

**Administrator completing this form** \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\*\*\*\*\*

***If guest is not in school, please have employer complete this information:***

Place of Employment \_\_\_\_\_

Supervisor's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Do you feel that this person would behave in an appropriate manner and follow the rules of East Aurora High School? Yes \_\_\_ No \_\_\_