

A copy of the Guest 's Photo ID must be attached to this form. No one 21 or older is permitted to attend.

Niagara Falls High School

4455 Porter Rd Niagara Falls, NY 14305
716.278.5800 fax 716.286.7964

Please return this form to your Student Support Center Secretary by 9/14/21.
Team 1- Mrs. Sims
Team2- Mrs Bancroft-Billings
Team 3 Mrs. Kayser

Mrs. Cynthia Jones, Chief Academic Administrator
Mr. Ed Ventry- Team 1
Mr. Bryan Rotella- Team 2
Mrs. Cheryl Vilaro –Team 3

Guest Authorization Form

Section 1 (to be completed by **all** NFHS students)

NFHS Student Information:

Print Student name: _____
Student Grade/Team _____
Print Parent/Guardian name _____
Parent Signature: _____

Student Enrolled in another high school

Print Student name: _____
Current High School: _____
Print Parent/Guardian name _____
Parent Signature: _____

I'm not currently enrolled in a high school.. Please indicate your date of birth _____. (Proceed to section 2)

Section 2 (In addition to SECTION 1 "NFHS Student Information", this section is to be completed by the invited guest who is NOT CURRENTLY ENROLLED IN A HIGH SCHOOL).

Please attach a copy of the guest's ID to the back of this form.

I understand that this dance is a school event and, by attending, I am a guest of Niagara Falls High School. I also understand that I must adhere to the NFHS Code of Conduct while I am on the NFHS Campus. The administration of NFHS reserves to right to dismiss or eject any guest who is found to be in violation an any school rules. Any dismissal from school grounds disqualifies the individual from future NFHS events.

Guest Name _____ Guest Signature _____

Section 3 (to be completed by a School Administrator of the guest who attends another high school.)

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

Guest's High School _____. The above named student is currently in good standing

If your school held a special event tonight, would you allow this student too attend? Yes No (circle one)

Do you know of a reason why this student should be excluded as a guest at our function? Yes No (circle one)

If yes, please explain (be specific as specific as possible): _____

Name of person completing SECTION 3: _____ Title: _____

Signature: _____ Date: _____

Please forward this form to: Mrs. Cynthia Jones

Or fax to: 286-7994 by September 14, 2021

4455 Porter Rd, Niagara Falls, NY 14305

