



## **Grand Oaks HS Student Information**

Student Name:	Gr ID #
Parent Name:	Contact #
Guest Information (Guests mu	st provide <u>Photo ID</u> at door) Guest must be in 9 <sup>th</sup> -12 <sup>th</sup> grade
Name:	Contact #
School:	School Phone:
I certify that the above named stude preclude him/her from attendance a	ent is a student in good standing and has no disciplinary record that work t your event.
Guest School Administrator's Nam	e and Title (Please Print)
Guest School Administrator's Sign	
	Date:
Guest Parent Name:	Contact #
Guest Parent's Signature:	
Agreement	
his/her actions. He/she will abide	or the actions of my guest and accept the consequences of by all school rules. This includes the district Zero Tolerance Policy o d that my parents will be notified in the event of any problems or
Student Signature:	Parent Signature:
Grand Oaks Administrator's Signat	ure:
Note: Guest Permission Slips must be r	eceived no later than November 3, 2021/Only 1 guest per GOHS student
Return completed for	orm to the 1 <sup>st</sup> floor AP Office (1206)