

MARS AREA HIGH SCHOOL GUEST PERMISSION SLIP

This form must be returned to Mars Area High School, 520 Route 228, Mars, PA 16046

1. Name of Mars Student _____

Grade _____

Telephone Number _____

2. Name of Guest _____

Address of Guest _____

_____ Zip Code _____

Telephone _____ Age of Guest _____

School Guest Attends _____ Grade _____

Guest emergency contact person & telephone number _____

3. **Guest – Please read, sign below and give this form to your high school administrator.**

I, _____, agree to respect and abide by all the school rules, regulations, and policies of the MAHS while I am a guest at the dance on _____

Signature of Guest _____ Date _____

4. If graduated: School attended _____ Date graduated _____

5. Attach a copy of Driver's License or another form of ID.

Guest must be between the ages of 14 and 20 and in at least 9th grade.

School Administrator – Please indicate the status of this student at your high school, then sign and return this form. If you have any questions, please contact Mrs. Lindsay Rosswog, Principal or Mr. Dale Sleva Jr., Assistant Principal at 724-625-1581. Thank you

_____ This student is in good standing at our school.

_____ This student is **NOT** in good standing at our school.

_____ Please contact me regarding this student.

Name of Administrator _____ Signature _____

Position of Administrator _____ Phone Number _____

THE ABOVE NAMED MARS HIGH SCHOOL STUDENT IS RESPONSIBLE FOR RETURNING THIS FORM. THE FORM MUST BE SUBMITTED WHEN PURCHASING TICKETS. FAXES WILL NOT BE ACCEPTED