

LANSING CATHOLIC HIGH SCHOOL - Snowcoming Dance Guest Application Form

Saturday, Feb 2 from 8:30-11:00 pm. NO ADMITTANCE after 9:00 pm.
Mass will be offered for students beforehand in the chapel at 7:30 pm.
Cost per guest is \$5. Guests must be of high school age and under 21 years old.
Dress for this dance is semi-formal, but still neat, clean, and modest.

STEP 1: For Guest and their Parent

Guest name (please print): _____

Age: _____ Number where a parent can be reached during the dance: _____

Address: _____

School Guest Attends: _____ School number _____

I hereby give my son/daughter permission to attend the **dance mentioned above**. I understand that my son/daughter is obligated to observe all the policies of Lansing Catholic High School, and that failure to comply with these policies will result in removal from the activity and the school will contact the telephone number given above. I also acknowledge that the LCHS student host will also be asked to leave and may be held responsible for the actions of the guest. Any issues involving substance abuse will involve police action, and the home school and parents of all students involved will be notified. We reserve the right to administer a breathalyzer test to any student who exhibits suspicious behavior.

Parent of Guest: _____
print *signature*

Guest Signature: _____

STEP 2: For LCHS Student and their Parent

LCHS Parent of Student Host: _____
print *signature*

LCHS Student Host (please print): _____

If your guest is NOT currently enrolled in high school you must get special permission from LCHS administration. It is not necessary to complete the lower portion for these guests.

STEP 3: For Guest's School Administrator

Your signature assures LCHS that the aforementioned student is enrolled in your school and is in good standing. Any concerns regarding the above named student from your school should be directed to Lansing Catholic High School Director of Campus Ministry and Student Activities, Mr. Ben Pohl, at (517) 267-2115.

Administrator: _____ Phone: _____
print *signature*

Please return this completed form to the student or FAX it to (517) 267-2135 by **Tuesday, Jan 29.**