



# CALHOUN CHRISTIAN SCHOOL

Academic Excellence | Upholding God's Truth | Teaching Children to Serve

## Guest Student Application for Special Events

In order to be a guest at a Calhoun Christian event, students who do not attend Calhoun Christian School are required to complete this form and return it to the school office no later than **3 days before the date of the event**. A guest that is currently out of school will still need to fill out this form and may be required to meet with an Administrator at Calhoun Christian School. Any false information will forfeit the right to attend the special event.

All students/guests must be at least in 9<sup>th</sup> grade and no older than 20 to attend high school events at Calhoun Christian School. **There is a limit of one guest per student.**

No ticket will be sold to a Calhoun Christian School student that is hosting a student from another school unless this form is on file. All tickets for the guest must be purchased prior to the date of the Special Event.

### GUEST STUDENT APPLICATION

(to be completed by the Guest and Guest's Parent)

**Please bring ID with you to the event. No ID = no entry, no refund**

Calhoun Christian School student you are accompanying: \_\_\_\_\_

Guest student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home phone: \_\_\_\_\_ Parent cell: \_\_\_\_\_

School guest student attends: \_\_\_\_\_ School phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

I understand that I must abide by all rules of Calhoun Christian School, including the dress code policy. I must also comply with requests as made to me by the staff of Calhoun Christian School. Failure to follow school policies or staff requests will result in removal from the Special Event. Any issue involving substance abuse will involve police action as well as informing the sending school and parents of the incident.

Guest's Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(not required for students over 18 years of age)

Guest Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GUEST STUDENT'S ADMINISTRATOR APPROVAL

This section is to be completed by the Guest's Principal.

If you have concerns regarding the above named student, please call CCS at 269-965-5560. If you give your approval of this student, please email this form with your signature to [office@calhounchristian.org](mailto:office@calhounchristian.org) or fax to 269-965-8038.

Guest Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Administrator's Name: \_\_\_\_\_

Approval of Above Student to Attend:  YES  NO

If no, reason why: \_\_\_\_\_

CCS ADMINISTRATOR APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_