

DANCE GUEST REGISTRATION FORM



Lititz Christian School

300 W Orange Street, Lititz PA 17543 PHONE: 717-626-9518 FAX: 717-626-9028

Lititz Christian School Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____

GUEST INFORMATION

All guests must have achieved 9th grade status, but not yet reached his/her 21st birthday

Name: _____ Grade: _____

School District: _____

I give my permission for my child to attend the **DANCE NAME** on **DAY OF WEEK, MONTH DAY, YEAR**.

Signature: _____ Date: _____

Guest's Parent/Guardian Signature

My signature (signature of Principal/Assistant Principal of District or job supervisor, if graduated) confirms that the above-named guest is in good standing at his/her school/workplace. College students need not complete.

Name: _____ Title: _____

Signature: _____ Date: _____

School/Workplace: _____ Phone: _____

***All information for guests must be completed and returned to LCS administration prior to the end of school day **DUE DATE**.**

***This form is required for student guests enrolled in other school districts or in the workplace.**

***Guest's school or workplace can fax completed form to LCS main office or student may turn in to front desk.**

THIS FORM & A PHOTO ID (driver's license or school-issued student ID) MUST BE RECEIVED BY: **DUE DATE**
Attn: Allyson Harmon Fax: 717-626-9028

Guest Approved: _____ yes _____ no Reason: _____

LCS Admin Signature _____ Date: _____