



LA SALLE INSTITUTE

Founded 1850

174 Williams Road Troy, New York 12180-7799



Dance Permission Form

Permission is hereby granted for La Salle Institute to receive pertinent information on the student named below so that he/she can attend a social function at our High School:

Guest Name: _____ Guest Grade: _____

Guest's Address: _____

La Salle Student Name: _____ Grade: _____

Activity Requesting to Attend: La Salle Institute HS Dance Date of Dance: _____

Guest Signature: _____ Date: _____

Guest Parent/Guardian Signature: _____ Date: _____

Guest's Emergency Contact Person: _____

Primary Emergency Contact Number: _____ Secondary Number: _____

To be Completed by the Guest's School Administrator

La Salle Institute is hosting a High School Dance. The person named above has been invited to attend. Request that you complete the following information to ensure that this student is in good standing and will not cause any problems at our school dance. Thank you for your assistance.

High School Currently Attending: _____

Is the above named student in good standing at your school? Yes No

Does the student have a record of drug/alcohol/violence or other serious rule violations? Yes No

If yes, please explain as to the details of these violations. _____

Do you recommend that this student be given permission to attend this function at La Salle Institute? Yes No

Name of Administrator Completing Form _____
Phone Number

Signature of Administrator Completing Form _____
Date

Please fax this information to the Assistant Principal at (518) 283-6265 by Thursday prior to the scheduled dance