



MR. ROBERT L STEPHENSON III, PRINCIPAL
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Non-Waynesburg Central High School Student Attendance Request Form

I am requesting permission to attend an event of the Central Greene School District on the following date _____ . I realize the event is a school sponsored function and I agree to abide by all rules and regulations established by the Central Greene School District. This includes, but is not limited to, proper dress and responsible behavior. The use of tobacco products, alcoholic beverages, and drugs are prohibited. **A photo ID of guests must be submitted.**

Guest's Names	_____	_____
	Non-Central Greene Student (Guest)	Central Greene Student's Name
Guest's Address	_____	_____
	Street Address	Guest's Grade/Age
	_____	_____
	City, State, Zip	Guest's Phone Number

Guest's Signature _____

Character Reference

The above individual attends/attended this high school and is known to be of sound character. In my professional opinion, he/she will abide by established rules and regulations governing your event. **Please call the high school office at 724-852-1050 if you need further clarification.** *Note: If the guest is still in high school, the principal must sign below. If the guest is no longer in high school, one of the following must sign below: employer, clergy, parent or legal guardian.

_____ is known to be of sound character. In my professional opinion, he/she will abide by established rules and regulations governing this school-sponsored event. If you need further clarification, please call me at the number listed below.

_____	_____
Date	Signature
_____	_____
Phone Number	Relationship to Non- Non-Central Greene Student

WCHS Administrative Approval _____
Signature and Date

I understand that participating in events and activities may include possible exposure to a communicable disease including but not limited to influenza, COVID-19. While particular recommendations and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation. I willingly agree to comply with the stated recommendations put forth by the Central Greene School District to limit the exposure and spread of COVID-19 and other communicable diseases.

Signature of the Parent/Guardian: _____ Date: _____

Signature of the Student: _____ Date: _____