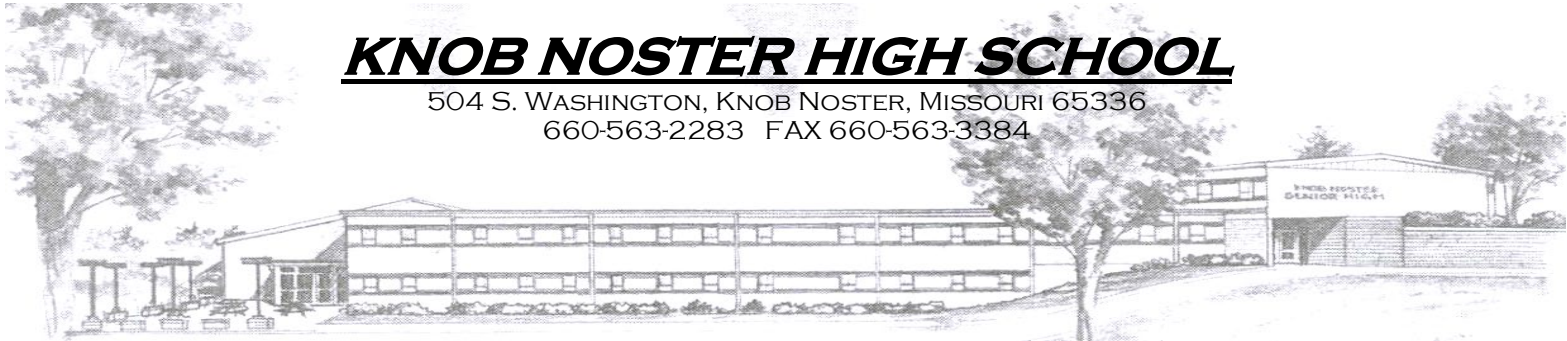


# **Knob Noster High School**

504 S. WASHINGTON, KNOB NOSTER, MISSOURI 65336  
660-563-2283 FAX 660-563-3384



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## **Guest Permission Form for School Activity**

Event \_\_\_\_\_

Date \_\_\_\_\_

KNHS Student \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
KNHS Student Parent's Signature

### **To be completed by guest:**

Guest's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

School Name \_\_\_\_\_

School Phone & Fax \_\_\_\_\_

**NOTE: If guest is not in school a copy of Driver's License or State ID must be provided with signed form.**

I agree to obey all rules and regulations set forth by Knob Noster High school concerning student attendance at extracurricular activities.

Guest Signature \_\_\_\_\_

**DEADLINE TO SUBMIT THIS FORM TO KNHS ASSISTANT PRINCIPAL IS TUESDAY BEFORE THE DANCE.**

### **Principal's Recommendation**

#### **To be completed by Guest's Principal:**

Please check the appropriate response according to the above student's status.

- \_\_\_\_\_ I recommend the above student.
- \_\_\_\_\_ I do not recommend the above student.
- \_\_\_\_\_ Student is under current suspension.

Principal's signature \_\_\_\_\_

This form must be completed in its entirety and returned to Knob Noster High School by fax or at the address above. Thank you for your cooperation in this matter.