

Eagle Valley High School



Event Guest Information Application

This form must be filled out and returned to the main office 2 days prior to event for review and approval. All individuals who attend an Eagle Valley High School dance, or event, must adhere to all rules and regulations in accordance with ECSD's student code of conduct & behavioral expectations.

Guest Approval Criteria:

- Guests must be under the age of 21 years (middle school students are not permitted).
- No disciplinary concerns with guest's current school of attendance.
- Guests will not be approved at the door, prior approval is mandatory.
- Guests must provide identification at the point of entry of the event.
- EVHS Administration reserves the right to approve or deny a guest for ANY reason at ANY time.

Event type: _____

Date of event: _____

Eagle Valley High School Student Information:

Name: _____

Grade: _____

Parent or guardian's Name: _____

Phone number: _____

Parent or guardian's Signature: _____

Guest Information (By signing this portion, you are granting EVHS to receive information):

Guest's name: _____

Age: _____ Grade: _____

Guest's address: _____

Guest's school currently attending: _____

If graduated, what high school attended and year of graduation: _____

Parent or guardian's name: _____

Phone number: _____

Parent or guardian's signature: _____

Guest's signature: _____

To be completed by administration of guest:

The "guest" listed above has been invited to an EVHS function. The "guest" must be eligible to participate in extracurricular functions at his/her home district to be eligible to be a guest at an EVHS function. If the "guest" has already graduated from high school, this section does not need to be completed; however, all other sections must be completed.

Is this student eligible to participate in extracurricular and school functions at his/her home district?

Please initial: ___ YES ___ NO High School Administrator Contact Information: _____

High School Administrator Name/Title: _____

**** High School Administrator Signature: _____

Main Office: 970 328-8960 fax: 970 328-8965

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