

Cicero-North Syracuse High School Guest Approval

This form must be completed in order to purchase tickets.

CNS High School Student's Name: _____ Grade _____

Event to Attend: _____ Date _____

Guest's Name: _____ Date of Birth: _____ Grade/Grad Yr: _____

High School Guest Attends/Attended: _____

Guest's Address: _____ City: _____ State: _____ Zip: _____

Guest's Emergency Contact Name/Relationship: _____ Phone #: _____

****All guests must be in the 9th grade or higher, but not over the age of 20.**

CNS Student Declaration: I understand that guests at events hosted by CNS High School are held to the same standards of behavior, rules, and conditions applicable to CNS High School students. I also understand that my guest will be my responsibility and that I may receive disciplinary consequences and jeopardize my ability to attend future school events should any conduct issue arise.

CNS High School Student Signature: _____

Parent Signature: _____

Guest Declaration: I understand that, as a guest at an event hosted by CNS High School, I am subject to the standards of behavior applicable to CNS High School students (including dress code). Further, I understand that if my conduct and/or that of my sponsor are in violation of these rules we both will be removed from the event, my conduct will be reported to my school administration, and I will be barred from all future events hosted by this school.

Guest Signature: _____

Parent Signature: _____

Guests must be prepared to show Photo ID (Driver's License, Permit, etc.) prior to being admitted to the event.

This section to be completed by the guest's high school administration. Please call (315) 218-4100 with any questions, remarks or concerns.

The guest named above is a student (or graduate) in good standing at their current (or former) high school and is recommended as a guest to CNS High School's event. There are no issues of concern (drugs, alcohol, weapons, violence/behavior issues) that would prevent this individual from being a positive representative of his/her school, and they would be welcome at any event held at their school.

Administrator Name (Print): _____ Phone #: _____

Administrator Signature: _____ Date: _____

CNS High School Administration

____ Approved ____ Disapproved CNS High School Principal's Signature _____