 Guest Participation Form

High school-age guests attending SCS events are welcome with completion of this form and approval of an SCS administrator in compliance with our guest policy in the [SCS Parent/Student Handbook](http://www.seattlechristian.org/cms/lib/WA02001551/Centricity/Domain/52/2012-13%20P-S%20Handbook.pdf). SCS students may bring only one guest. Guests must enter the event with the SCS student who purchased the ticket and signed this form. Guests are expected to follow the behavior standards of SCS students as addressed in the handbook. This form must be received at Seattle Christian by 2:45 pm, Monday, October 14, 2019. **Tickets to the event may not be purchased for a guest until this completed form is approved by SCS administration.**

SCS Event: \_\_\_\_\_Tolo\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Event: October 18, 2019, 6-9:00 pm\_\_

**To Be Completed by SCS Student**

Print SCS Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

SCS Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCS Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by Guest**

Print Guest’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest’s DOB:\_\_\_\_\_\_\_\_\_\_\_

Guest’s Parent Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by School Administrator of Guest**

The person named above has been invited to a Seattle Christian School function by a Seattle Christian School student. Please complete the following information so that we may obtain some background on the guest.

School currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student in good standing at your school? 􀀀 Yes 􀀀 No

Does the student have a record of violations of school policies? 􀀀 Yes 􀀀 No

If yes, please explain (be specific as to date, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax this form to Lauren Anderson, SCS Principal,**

**at: (206) 246-9066, or return to guest student with**

Business Card Here

**a business card attached. This form must be received**

**by the date listed above.**

􀀀 Check box if Guest is Not in School or is Homeschooled or in College/University – in lieu of above section attach photocopy of Guest driver license or other photo identification w/birthdate.