

Groton-Dunstable Regional High School
703 Chicopee Row
Groton, MA 01450
978-448-6362
Fax: 978-448-0390



**REQUEST TO ATTEND A
GROTON-DUNSTABLE REGIONAL HIGH SCHOOL FUNCTION**

All guests attending a GDRHS function must be under 21 years of age. No middle school students will be admitted.

To be filled out by GDRHS Student

Name: _____
Grade: _____
Event: _____ Date of Event: _____

I have invited _____ as my guest to the above event. I am aware that all GDRHS school rules apply. I have also informed my guest of these rules and policies. I accept responsibility for my guest's behavior at this school-sponsored event.

GDRHS Student Signature: _____

To be filled out by GDRHS Parent/Guardian

As the parent of a GDRHS student, I am aware of my son/daughter's guest request and realize that if approved, my son/daughter accepts responsibility for the behavior of his/her guest.

GDRHS Parent/Guardian Signature: _____

To be filled out by Guest/Visitor

Name of Visitor: _____
Home Address: _____
Home Phone: _____
School of Attendance: _____
Grade: _____
Parent/Guardian: _____
Parent Guardian Emergency Number: _____

I am aware that I am a guest of GDRHS and that all GD school rules and policies apply to me while attending this event. I am aware that the GD student who has invited me is accountable for my behavior.

Guest Signature: _____

To be filled out by Administration at Guest's School

Please verify that the student is enrolled at your school and is a member in good standing.

Authorized by: _____
Title: _____ Phone: _____

This completed form must be returned to the Dean of Students office two days prior to the event. Please be attentive to the deadline as there will not be an extension. A clear photo ID card must be presented at the door when the visitor is entering the function. If there are any questions regarding approval, please see Mrs. Brisson.

Approval Date: _____ **Authorized by:** _____