



Buckeye Trail High School "Visitor Agreement" for School Functions



****VISITORS MUST BE IN AT LEAST 9TH GRADE AND NO OLDER THAN 20****

School Event: _____

Date of Event: _____

Buckeye Trail Student

I am requesting the privilege of bringing a guest to the event indicated above. I understand he/she is responsible for following our school rules governing this event. I further understand that misconduct on my guest's part could lead to my loss of privilege in attending future, similar events and/or disciplinary consequences.

Student Printed Name: _____

Date: _____

Buckeye Trail Parent/Guardian

I have given my permission for my son/daughter to bring the guest listed below to this school event. I understand and accept the school conditions as listed above.

Parent Signature: _____

Date: _____

Visitor

Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian: _____

Phone [Home or Cell for guardian listed above]: _____

If Recent Graduate: Check Here Indicate School / Graduation Year:

Verification of Enrollment (if visitor attends another high school/career center)

As a school administrator at the school of the student ("visitor") listed above, I am willing to vouch for the character of this student and offer my professional opinion that he/she will abide by the rules and expectations of the event listed above hosted by Buckeye Trail High School.

Administrator's Signature

Date

Name of School Visitor Attends

School Phone

----- **BTHS Use Only** -----

Approved **Denied**

Principal/Designee Signature