



# CENTENNIAL HIGH SCHOOL

2525 Mountview Drive

Pueblo, CO 81008

Phone: (719) 549-7335 / Fax: (719) 253-6110

## CENTENNIAL HIGH SCHOOL STUDENT INFORMATION

Name \_\_\_\_\_ ID No. \_\_\_\_\_ Grade \_\_\_\_\_

C.H.S. School Event \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

## GUEST INFORMATION

(1 GUEST PER CENTENNIAL HIGH SCHOOL STUDENT)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Current Address \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_ Phone \_\_\_\_\_

I agree to respect and abide by all school policies, and regulations established at Centennial High School. I understand that failure to abide by these policies will result in my immediate removal from this school event.

Signature of Guest \_\_\_\_\_ Date \_\_\_\_\_

## GUEST'S SCHOOL ADMINISTRATOR

(Please complete the following section and return to your student)

This individual is currently a student at our school and is in good standing.

This individual is currently a student at our school and is NOT in good standing

Please contact me about this student. Phone No. \_\_\_\_\_

This individual is NOT currently enrolled at our school.

School Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator's Position \_\_\_\_\_

This form should be returned to the Activity Office at least 2 days before the scheduled event