



COLD SPRING HARBOR HIGH SCHOOL
DISCIPLINE CONTRACT FOR GUESTS

TO BE COMPLETED BY COLD SPRING HARBOR HIGH SCHOOL PARENT

CSHHS Student _____ GRADE _____

I understand that the below named student, who does not attend CSHHS, will be accompanying my child to the _____

EVENT

DATE

CSHHS Parent's Name (Print) _____ (CELL#) _____

CSHHS Parent's Signature _____

Guest _____ School: _____

TO BE COMPLETED BY GUEST'S PARENT

I give permission for my child to attend CSHHS _____

EVENT

DATE

with _____, who attends CSHHS.

I understand the school rules will be strictly enforced.

Guest's Parent's name (Print) _____

Guest's Parent's Signature _____

Guest's Signature _____

TO BE COMPLETED BY THE DEAN OF GUEST'S HIGH SCHOOL

Name of Student Guest _____ Year of Graduation _____

I am aware that the above named student at my school, will be attending the CSHHS (EVENT) _____ (DATE) _____. I agree that while in attendance, the student is expected to behave in an appropriate manner for a school-sponsored function. I understand that if a violation of the CSHHS Code of Conduct occurs, the Administrator will contact me and the above named student will face disciplinary action as deemed appropriate.

I recommend do not recommend
this student to represent our school at the CSHHS _____
EVENT

Administrator's Name (Print) _____ Title _____

Administrator's Signature _____

School _____ Fax _____

Telephone _____

NO GUEST TICKET WILL BE ISSUED UNTIL THIS FORM HAS BEEN COMPLETED AND SUBMITTED TO DR. BROWNE, ASSISTANT PRINCIPAL, FOR APPROVAL.

Approved: _____
Dr. Browne, Assistant Principal