



Name: _____

Age: _____ School: _____ Grade: _____

Address: _____

Emergency Phone Number: _____

Name of SAA Student Escort: _____

SAA Function attending: _____

Date of Function: _____

Signatures:

SAA Teacher: _____

SAA Principal: _____

SAA Student's Parent: _____

"I give permission for my child to attend the above SAA Function and will take full responsibility for their conduct."

(Parent of Guest Student Signature)

(Date)