REEDSBURG AREA HIGH SCHOOL

1100 S. Albert Avenue, Reedsburg, WI 53959
Phone: (608) 768-8928 **Fax:** (608) 768-8929
www.rsd.k12.wi.us

ACTIVITIES DEPARTMENT

RAHS Student and Parent Information

RAHS Student Name (please print): _____
All guests must be a high school student at the time of the dance/event. ***This form must be turned in to the RAHS attendance office no later than 72 hours prior to the event.***

_____ _____
Student's Signature/Name Date

As the parent of the above-named student, I find his/her guest to be a responsible person, and I recommend him/her as an acceptable guest for this Reedsburg Area High School event.

_____ _____
Parent/Guardian Signature and Phone Number Date

Guest Information and Guest Parent Information

Guest Name: _____ Grade _____

Name of School Currently Attending: _____

Guest Parent/Guardian Name: _____ Phone number _____

_____ _____
Guest Parent/Guardian Signature Date

Emergency contact name and phone number, if different from above: _____

_____

Guest District Verification - (To be completed by Guest's School)

I verify that _____, grade _____, is in good standing at _____ High School and would be permitted to attend extra-curricular activities in our district.

_____ _____
Guest's Administrator's Signature Date

Comments: _____

Please return this form to the RAHS attendance office or by email to rahsattendance@rsd.k12.wi.us.

RAHS OFFICE USE ONLY

☐ **Approved** ☐ **Not Approved** x_____ _____
RAHS Representative Date