## Maples Collegiate 2024 Safe Grad Guest Pass Request Form

## 2024 Safe Grad GUEST PASS

The following form must be completed in its entirety for anyone to be considered a guest for Maples Collegiate Dinner and Dance celebration. Please be aware that school administration will make the final approval of all guest passes. There is a limit of one guest pass per student.

## <u>SECTION 1 – MAPLES COLLEGIATE STUDENT HOST</u>

I hereby request that the guest named below be permitted to attend the Maples Collegiate Dinner and Dance Celebration on Saturday, June 22 from 6:00 p.m. up to 12:00 a.m. My guest is **under the age of 21 and is in grade 10 or above**. My guest is a responsible person and will not cause problems during the grad celebration. If a problem should occur, I will be held fully responsible for my guest's actions. I understand that if my guest should act irresponsibly or disobey the rules of the school during the evening that my guest and I will be sent home. I understand that during the entire evening, all school rules apply, as well as Safe Grad regulations and M.L.C.C. laws.

	<del></del>	
Name of Maples Collegiate student (print)	Grade	Student Number
Signature of Maples Collegiate Student	Telephone	
Parent's Signature		
$\frac{SECTION\ 2-GUEST}{\text{I understand that school rules, Safe Grad regulation accept full responsibility and will abide by the rule}$		to this event for all participants. I
Name of Guest (print)	Date of Birth	
Address	Phone Number	
Guest Signature	Parent's Signature (If guest is under the age of 18)	
*A photocopy of the guest's driver's license will photocopy of a picture ID [school ID, passport, et	need to accompantc.] is required to b	by this form. If not applicable, a see submitted with this form.
SECTION 3 – ADMINISTRATION F	ROM GUEST	T SCHOOL
I believe the above-named guest to be a responsis my opinion that this individual will abide by the		
I have reservations about this student attending Please contact me for more information.	g Maples Collegia	te Dinner and Dance Celebration.
Name of Guest's Administrator (print)	Administrat	or's Signature
School	School Phone Number	
This form must be returned to Mr. Shier (Map tickets. Please complete the form and have you Collegiate at 204-694-7760.	r current school f	fax the completed forms to Maples
Guest Pass Approved: Yes No Ma	aples Administra	tor Signature: