

## Macon County R-IV School 501 S. Main St. New Cambria, Mo 660-226-5615

## **Guest Permission to Attend a MCR-IV School Dance**

## **Macon County R-IV Student Information**

Student Name:	-
Parent/Guardian Phone: Home	Work/Cell
I understand that I may bring <b>one</b> approved guest to:	
	Dance
I am aware that my guest must <b>arrive and leave the dance wit</b> l guest's dress, conduct, and behavior. <b>It must be keeping with a</b> and submitted at least <b>one week</b> prior to the dance.	h me. I understand that I am responsible and accountable for my ll MCR-IV guidelines. This form must be signed by all parties
MCR-IV Student's Signature	Date
My student has permission to bring the person named b	pelow as a guest to the MCR-IV dance listed on this form.
MCR-IV Student's Parent/Guardian's Name	MCR-IV Student's Parent/Guardian's Signature
<b>Guest Information</b> (For dances open to students in gradyears of age will be admitted. For prom and any other day 9th grade or older than 20 years of age will be admitted.)	nce specifically for students in grades 9-12, no one under
Guest Name:	Date of Birth:
School Guest Attends:	School Phone Number:
Guest's Parent/Guardian's Phone: Home	Work/Cell
Guest's Emergency Contact Name:	Phone:
The following information is to be completed	and signed by the guest's high school officials.
Is the above named student currently in good standing	
Do you recommend that he/she be admitted to a Maco	n County R-IV activity? Yes No
School Administrator Printed Name:	
School Administrator Signature & Title:	