

# Carroll Senior High School Guest Information Sheet

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Guest Name \_\_\_\_\_ Age \_\_\_\_\_

Guest Address \_\_\_\_\_

Guest Telephone Number \_\_\_\_\_

Guest Driver's License # \_\_\_\_\_

Guest School \_\_\_\_\_

I, the undersigned understand that said person, is the guest of the listed Senior High School student. We, the Senior High School student and guest, understand that said guest is to be held by the same rules and policies regarding smoking, drugs, alcohol and behavior as the students are at Carroll High/Senior High School, and are subject to any and all disciplinary action in-house or through the judicial system.

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Carroll High/Senior High School Student's Signature

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Guest Signature

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Signature of Administrator from Guest School



**\*\*Return this Form to Mr. Puddy in the Front Office\*\***