

All Saints Catholic Academy
Semi-Formal Snowflake Dance

Guest Permission Form

Guest's Name: _____

Guest's
Parent/Guardian Name: _____

Guest's
Parent/Guardian Phone: _____

Guest's School: _____

Guest's Grade Level: _____

ASCA Sponsoring
Student's Name: _____

I _____ give permission
(Guest's Parent/Guardian Signature)

for _____ to attend the school dance
(Guest's Name)

at All Saints Catholic Academy in the gymnasium located at
10 Rosemont Street in Albany, NY on Friday January 18,
2019 from 6:30pm – 8:30pm.