



All Saints Catholic Academy  
Semi-Formal Valentine's Dance



Guest Permission Form

Guest's Name:

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Guest's  
Parent/Guardian Name:

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Guest's  
Parent/Guardian Phone:

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Guest's School:

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Guest's Grade Level:

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ASCA Sponsoring  
Student's Name:

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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, February 16,  
2018 from 6:30pm – 8:30pm.