

Bishop O'Connell High School  
Superdance 2017 – Guest Form

Dear Administrator:

The student named below has been invited by a student at Bishop O'Connell High School to attend **Superdance** on **Saturday, March 25, 2017**. In order for this student to be registered for the event, we ask that you confirm that the student has no serious disciplinary violations on record with your school.

**Forms must be returned** directly to Bishop Denis J. O'Connell High School no later than **Friday, March 10, 2017**. Sending it to us by fax is preferable. All comments will be held as confidential.

**Please note:** Only **one guest** per O'Connell Student is allowed. Guests must arrive and be checked in with the O'Connell student named on this form. If the student is graduated from high school, then the signature of the parent/guardian of the O'Connell student is needed – the last section of the form need not be filled.

**We ask that guests bring their pledged money with them to the dance. Thank you!**

Thank you for helping to provide a safe and enjoyable experience for all students attending **Superdance 2017**.

**To be completed by the student and Parent/Guardian:**

Name of O'Connell student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student's Parent/Guardian (please print): \_\_\_\_\_

Signature of Student's Parent/Guardian: \_\_\_\_\_

**To be completed by the Guest and Parent/Guardian:**

Name of Guest (please print): \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Guest's Parent/Guardian (please print): \_\_\_\_\_

Signature of Guest's Parent/Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**To be completed by the school official** - The above named student has no serious disciplinary violations on record.

\_\_\_\_\_  
Name of school official

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed forms to:**

Bishop O'Connell High School  
Attn: **Mrs. Haas** (khaas@bishopoconnell.org) **OR Mr. Tanis** (rtanis@bishopoconnell.org)  
6600 Little Falls Road  
Arlington, VA 22213  
Fax: 703-237-1465

If you have any questions, please contact the Student Life Office at 703-237-1464 or the SCA at 703-538-3303.  
Thank you!