



Father Michael Goetz Secondary School

330 CENTRAL PARKWAY WEST MISSISSAUGA ONTARIO L5B 3K6 TEL: (905) 277-0326
FAX: (905) 615 1542

Guest Application for School Events

Part A: To be completed by guest. Return the completed form to Father Michael Goetz Catholic Secondary School no later than: _____

1. Print the name of the Father Michael Goetz Catholic Secondary School student sponsoring you: _____

2. Print the following:

Your name: _____

Your address: _____

Your phone number: _____

I agree to:

- Respect all those in attendance and follow the instructions /rules of Father Michael Goetz Catholic School staff, as well as the Catholic Code of Conduct of Dufferin Peel Catholic District School Board (DPCDSB)
- Not be under the influence or in possession of drugs or alcohol
- Make myself known to staff by way of photo ID upon entrance
- Leave the event immediately if told by a staff member

I further agree that if I am found violating one of Father Michael Goetz Catholic Secondary School rules or the DPCDSB Catholic Code of Conduct:

- I give permission for Father Michael Goetz Catholic Secondary School Principal to contact my school's Principal
- I give permission for Father Michael Goetz Catholic Secondary School Principal to contact my Parent/Guardian to discuss the violation
- I am aware that there may be further consequences, including police involvement

Guest Signature: _____

Date: _____

Part B: To be completed by guest's Parent/Guardian (if under 18 years of age)

I have read all the conditions/rules on this form and give permission for my child to attend this Father Michael Goetz Catholic Secondary School function.

Parent/Guardian Signature: _____

Date: _____

Home Phone: _____

Cell: _____

Part C: To be completed by Principal/Vice Principal of guest's school

_____ I recommend that this student be considered for the Father Michael Goetz Catholic S.S. function

_____ I do not recommend that this student be considered for the Father Michael Goetz Catholic S.S function

School Name: _____

Phone: _____

Principal/Vice Principal's Name: _____

Note: Principal/Vice Principal please place your school stamp in this area.



"Excellence in Catholic Education"