

Dance Permission Slip for Guest

Beacon Hill Student Name:

Name of Guest:

Guest Date of Birth:

High School Attending:

Grade:

Church Attending:

Church Pastor Name:

Church Pastor Signature:

"I, _____ (print BHCA student name) agree that my guest _____ (print guest name) will adhere to the Beacon Hill code of conduct. "

BHCA Student Signature:

BHCA Parent Signature:

Guest Signature:

Date:

GRADES 6-12
Upper Campus
1602 Temple Ave.
Camarillo, CA
(805)586-4880