



**LYONS MIDDLE/HIGH SCHOOL**

10 Clyde Road, Lyons, NY 14489

Phone: (315) 946-2200

Fax: (315) 946-2221

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**Lyons Middle/High School  
Guest Event Pass**

Sponsor Student's Name: \_\_\_\_\_  
(Please Print)

Signature of Sponsoring Lyons Student: \_\_\_\_\_  
*(The sponsoring student's signature indicates responsibility for communicating Lyons School rules and accepts accountability for any and all actions of the visiting student guest.)*

Home Phone Number of Sponsor: \_\_\_\_\_ Event – \_\_\_\_\_

**Guest Information**

Guest's Name: \_\_\_\_\_ Photo ID will be required at event entrance  
(Please Print)

Guest's Address: \_\_\_\_\_

Guest's Home Phone Number: \_\_\_\_\_ Guest's Date of Birth \_\_\_\_\_

Guest's Parent's Name: \_\_\_\_\_

Guest's Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Guest Attends: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Administrator's Name at Guest's School: \_\_\_\_\_

Guest's School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Administrator's signature indicates the guest student attends your school, is a "Student in Good Standing" and is eligible to attend a similar event at your school.)*

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Guest's signature indicates that the guest understands that the above information will be used to check references and to determine eligibility to attend Lyons Central School District's event listed above. All school rules are in effect at each event and the signature indicates the acceptance and understanding of all Lyons Central School District rules including rules with respect to smoking, alcohol and illegal substances.)*

**SCAN AND EMAIL COMPLETED FORM TO  
[lalexanian@lyonscsd.org](mailto:lalexanian@lyonscsd.org) or [jbailey@lyonscsd.org](mailto:jbailey@lyonscsd.org)**