

**Seattle Academy Student Guest  
Self-Governance Contract  
2010-2011**

SAAS Student \_\_\_\_\_, Grade \_\_\_\_\_  
(Please print name)

Guest: \_\_\_\_\_, Grade \_\_\_\_\_  
(Please print name)

**I (Guest) hereby agree not to:**

- a. Arrive at the dance intoxicated or under the influence of any illegal substance
- b. Become intoxicated, become under the influence of any illegal substance, or smoke while at the dance
- c. Perform any blatant displays of sexual intention or harassment at the event.

By signing this contract, I understand that the school core values must be observed during all school events including: dances, sports, productions, etc. I understand that a faculty chaperone can ask a student to go home, via parent contact or taxi, at any time for not following this contract and/or school policy.

SAAS Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell or Contact Number Evening of the Event:  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**If you are a guest of a Seattle Academy student at the event please provide the following information.**

Guest Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell or Contact Number Evening of the Event:  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The above student is responsible member and in good academic and behavior standing at our school.

School Name: \_\_\_\_\_

Administrators Name (**please print**): \_\_\_\_\_

Administrators Signature: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE RETURN TO:**

Jodi Rea, Upper School Administrative Assistant, CUB Building, Fax: 206-676-6871 (CUB)