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**Bishop Ireton High School**

***Advance always in Christ through the legacy***

***of the gentle saint, Francis de Sales***

**2018 BISHOP IRETON** **HACKATHON PERMISSION FORM**

**Bishop Ireton Hackathon Guest Form for Non-Bishop Ireton Student**

Dear Administrator,

The student named below has been invited to attend the Bishop Ireton Hackathon at Bishop Ireton High School on January 19th 2018. 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. All guests must be high school age, but no older than 19 years of age. All guests are expected to follow the rules outlined in our student handbook.

***Forms should be returned directly to Bishop Ireton High School by Monday, January 15th***. Contact information is listed below. All comments are confidential.

Thank you for helping us to provide a safe and enjoyable experience for all students attending the Hackathon.

**To be completed by the visiting student and their parent/guardian**:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the school official**: The above named student has no serious disciplinary violations on record, and should be considered a student in good standing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Official Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Comments: **Please return form to:**

**Bishop Ireton High School**

**Attn: Mary Jordan**

**201 Cambridge Rd,**

**Alexandria, VA 22314**

**Fax: (703) 212 8173**

**Jordanm@bishopireton.org**