

ENDEAVOR CHARTER SCHOOL

777 W SHAW AVENUE
FRESNO, CA 93704
559-248-0471 FAX: 559-248-0482

GUEST PASS APPLICATION

EVENT: _____

STUDENT SPONSOR INFORMATION

Student Name _____ Parent Contact # _____

I realize that I am responsible for my guest's behavior while we are at this event. I also understand that this pass is dependent upon my maintaining a good academic standing.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

GUEST INFORMATION

Name: _____ Age: _____

School/College: _____ Grade (if HS) _____

I understand that I must observe the same school rules as my ECS sponsor. I also realize that misbehavior on my part may result in forfeiture of my pass, with the possibility of future bans.

Guest Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

To be completed by the guest's school (if enrolled)

I verify that the student mentioned above is in good standing at our school.

Administrator Signature _____ Date _____

Title _____ Phone _____

ECS Administrator Signature of Approval _____ Date _____