



Shady Side Academy Senior School – Outside Guest Form  
423 Fox Chapel Road  
Pittsburgh, PA 15238  
Dean's Office Phone: (412) 968-3117  
Dean's Office Fax: (412) 447-2207

**Shady Side Student Information**

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

SSA School Event: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**Guest Information:**

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

Parents Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parents Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

School the Guest Attends: \_\_\_\_\_

I, \_\_\_\_\_, agree to respect and abide by all school policies and  
(guest name)

regulations established by Shady Side Academy. I understand that failure to abide by these policies will result in immediate removal from this Shady Side function.

Signature of Guest: \_\_\_\_\_ Date: \_\_\_\_\_

**School Administrator:**

Please complete the following section and return this form to your student

- \_\_\_ This student is currently enrolled and in good standing in our district.
- \_\_\_ This student is currently enrolled but NOT in good standing in our district
- \_\_\_ Please contact me concerning this student.

School Official Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_