

# Patchogue-Medford High School

Michael J. Locantore, Superintendent of Schools

Randy E. Rusielewicz, Ed.D., Principal  
181 Buffalo Avenue  
Medford, New York 11763

(631) 687-6500  
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## LETTER OF GOOD STANDING

Dear Colleague:

Please be advised that the individual named on this form is planning to attend the Patchogue-Medford High School Junior Prom on Friday, May 16, 2014 as a guest of the below PMHS student. To ensure the safety of our students and security of the event, we are asking that an Administrator from the guest's own school take a few moments to fill out this form. When completed, please fax this form to (631) 687-6599. If the outside guest is no longer attending a school or university, please have an employer, parent, guardian or other authority fill out the below information as a character reference to vouch that the person is in good standing. Thank you for your cooperation.

Respectfully,

Ms. Lorraine Rice-Meyer  
Ms. Michelle Mars  
Class of 2015 Advisors  
(631) 687-6500

## PMHS STUDENT INFORMATION

PMHS Student's Name: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

## OUTSIDE GUEST INFORMATION

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

Guest's Phone Number: \_\_\_\_\_

School/District: \_\_\_\_\_

Administrator's Name/Title: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Number of Suspensions w/in the last 60 school days \_\_\_\_\_

Number of Detentions w/in the last 60 school days \_\_\_\_\_

Number of absences w/in the last 60 school days \_\_\_\_\_

## REFERENCE INFORMATION (if not enrolled in school)

Name and Title: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

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

Guest's Parent/Guardian's Signature: \_\_\_\_\_

PMHS Parent/Guardian Signature  
granting their consent for their son/daughter  
to bring the following outside guest to the  
Senior Prom

Please attach any additional comments on the character of this individual that you believe we should be made aware of.  
\*Signature of this form gives consent to your home school district to share information with the Patchogue-Medford School District.  
\*\*\*PHOTOCOPY OF LICENSE/PHOTO ID MUST BE ATTACHED\*\*\*