Appropriate Clearances

School Name: ________________________________ (School)
Authorized School Administrator Name: ________________________________
Authorized School Administrator Title: ________________________________

As an authorized school administrator, on behalf of School, I hereby state that each Teacher/Chaperone attending the National High School Dance Festival on behalf of School has the appropriate child abuse and criminal background clearances to be a chaperone of minors under the laws of the state in which School is located.

School: ________________________________
Witness: ________________________________

By: ________________________________ ________________________________
Name: ________________________________

CONTACT TEACHER: PLEASE MAIL THIS FORM TO THE ADDRESS BELOW AFTER COMPLETING THE ONLINE TEACHER/CHAPERONE REGISTRATION

Point Park University
201 Wood Street
Pittsburgh, PA 15222
Attn: Dance/NHSDF