



# Halifax Area School District

3940 Peters Mountain Road  
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Director of  
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**Matthew I. Ulmer**  
Business and  
Operations Manager

**John J. Osuch**  
High School Principal

**Matthew D. Czaplicki**  
Middle School  
Principal

**Michael N. Sim**  
Elementary  
Principal

**Lisa M. Slover**  
Director of Special  
Education

**Lori M. Weber**  
Director of  
Food Services

**Tammy L. Martz**  
Assistant to the  
Business Manager

**Jacob W. Sprengle**  
Athletic Director

## DCTS Eligibility Verification Form for Student Activities

This form should be submitted to the Halifax Area High School office for approval no later than three days before the scheduled event. Forms will also be accepted via fax (717.896.3976) or e-mail ([HSEOffice@hasd.us](mailto:HSEOffice@hasd.us)). Completion of this form does not automatically approve the person for attendance. Halifax Area School District is not responsible for any expenses incurred by the guest prior to or after the approval/disapproval.

Name of Dance/Activity \_\_\_\_\_ Date \_\_\_\_\_

DCTS Student Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

Guest's Parent/Guardian Emergency Phone Number \_\_\_\_\_

Guest's Address \_\_\_\_\_

Guest's Date of Birth \_\_\_\_\_ Guest's Phone Number \_\_\_\_\_

**\*DCTS Administrator Signature** \_\_\_\_\_

*\*The administrator's signature confirms that the above student is in good standing at DCTS and eligible to attend this event. This student is aware that he/she will be held accountable for all rules of the Halifax Area School District.*

HAHS Approval by: \_\_\_\_\_ Date \_\_\_\_\_