



Mount Carmel Area School District

Bernard Stellar, Superintendent
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Dress Code Item Design Approval

Name: _____

Date: _____

Team/Group: _____

*Brief Description of item: _____

*Please attach picture of design

Approved by (MCA Building Administration signature): _____

Approved by (MCA Superintendent signature): _____

Approval denied by (MCA Administration signature): _____

Reason for denial: _____
