



TOURTELLOTTE MEMORIAL HIGH SCHOOL

DANCE GUEST PERMISSION FORM

Tourtellotte Memorial High School students may bring a guest to a formal or semi-formal dance after both students complete this form. Return the completed form to the main office **at least three school days** prior to the dance. Failure to meet this deadline may result in a guest not being able to attend. To ensure everyone's safety, breathalyzers may be used at this dance. Print neatly and all signatures must be legible.

- All guests must be under 21 years of age
- Middle School students are not allowed to attend
- All guests must present picture ID for admittance into the dance

TMHS Dance: 2018- Homecoming Dance Date of Dance: October 26, 2018

Name of TMHS Student: _____ Grade: _____

Name of Guest: _____ Guest's Date of Birth: _____

TOURTELLOTTE STUDENT RESPONSIBILITY

The host student from TMHS must agree to be personally responsible for the guest's behavior. Should the guest cause a disruption that calls for intervention by a staff member or chaperone, the host may be held responsible for those actions.

I agree to be personally responsible for my guest: _____
TMHS Student Signature Student Phone Number

My son/daughter has permission to bring this guest to the Tourtellotte Memorial High School Dance. _____
Parent Phone Number

Parent Printed Name Parent Signature (if student is still in high school) Date

GUEST RESPONSIBILITY

I agree to conduct myself in an appropriate manner. I will abide by all Tourtellotte Memorial High School rules and will be respectful of students. Additionally, I will comply with directions from staff members and chaperones. _____
Guest Phone Number

Guest Signature Parent Signature (if student is still in high school) Date

Parent Printed Name Parent Phone Number

If the guest is currently enrolled in high school, they must obtain a signature from his/her home school below.

I affirm that the student named above is currently a student in good standing such that he/she would be permitted to attend a similar function at our school.

Name of School Administrator Name (Print) Administrator Signature Date