Name of **FCHS Student** Bringing a Guest:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Franklin County High School

6570 Georgia Highway 145

Carnesville, GA 30521

Ph: 706-384-4525 Fax: 706-384-7500

**Dance Guest Pass 2018 Homecoming Dance**

* The dance policy at Franklin County High School allows a FCHS student to bring one guest to a dance, provided the following information is completed **BY THE DEADLINE**.
* The guest ticket can not be purchased without this completed form being submitted to and approved by the main office NO LATER THAN ***FRIDAY, Sept.28th*** (NO LATE FORMS WILL BE ACCEPTED)
* Tickets will be on sale Monday- Wednesday, October 1-3, at all lunches for $5.
* A guest must be at least enrolled in the 9th grade. All guests must be 20 years of age or under and must either be **enrolled** in high school or a high school graduate.
* **Guests must present a picture ID at the door** and have it available all night, upon request.
* Original IDs must be presented at the event to be admitted.

**\*\*Guests must submit a photocopy of their state/school issued photo ID to the main office WITH this form (or the original to be copied) when submitting this application.**

**PLEASE PRINT**: **Guest** Name

School Home Phone:

Home Address:

***Guest Agreement***:

I am willing to abide by the Policies and Procedures of Franklin County Schools, as outlined in the student handbook. I realize that as a guest of Franklin County High School, I am required to abide by the rules and expectations for Franklin County High School students. I understand that failure to do so could result in my being removed from the dance.

SIGNATURE OF GUEST DATE

***Please see the back of this form to complete the application.***

* If **currently enrolled** in another high school, an Administrator or Counselor of that school must complete the following information **(FCHS administration will verify submitted information**).

The above named student is currently enrolled in the grade at High School.

School Ph: School Address:

He/She is a student in GOOD STANDING at this school and is recommended for attendance to the Franklin County High School dance. Y N

SIGNATURE of Administrator or Counselor Title

If student is a **graduate**, please indicate graduation date and school here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_