

# Clatskanie Middle/High School

471 SW Belair Dr  
PO Box 68  
Clatskanie, OR 97016  
Phone: (503) 728-2146  
Fax: (503) 728-4632

## DANCE GUEST PASS

Must be completed and turned into the Main Office PRIOR to purchasing tickets.

Name of Dance: \_\_\_\_\_ Date of Dance: \_\_\_\_\_

CMHS Student Name: \_\_\_\_\_ School ID #: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

The above Clatskanie Middle/High School student accepts responsibility for the behavior of the guest. The Clatskanie Middle/High student and guest agree to abide by all rules of Clatskanie/Middle High School and the Clatskanie School District.

Signature of CMHS Student: \_\_\_\_\_

Signature of CMHS Student Parent/Guardian: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Guest Home Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

As a guest at Clatskanie Middle/High School, I will comply with all Clatskanie Middle/High School and Clatskanie School District rules, standards, and expectations for behavior while attending a Clatskanie/Middle High School dance. I will bring valid picture identification to be shown at the door prior to entering the dance.

Signature of Guest: \_\_\_\_\_

Signature of Guest's Parent: \_\_\_\_\_

Signature of Guest's School Administrator: \_\_\_\_\_

Signature of CMHS Administrator: \_\_\_\_\_

Guest's School Administrator: Please fax to Clatskanie Middle/High School (503) 728-4632 Clatskanie Middle/High School has the right to refuse admittance or remove any student for inappropriate behavior or misconduct at a school sponsored event.