Dance Guest Application

This guest pass is a student request. Seaside High School has the authority to decline a request based on a number of criteria. **The student will be contacted if a guest pass is not approved.**

High school students may bring non-SHS students as their guest if a guest pass is obtained, completed, signed and returned to the office by the date determined prior to the event, and approved by the Principal.

**High school students obtaining a guest pass for an out-of-school guest must arrive and leave with their guest and remain with their guest during the dance.** **The high school student is responsible for the guest's behavior.** Guests must have a valid picture I.D. card from their local school, alternative proof of school enrollment, or a driver license.

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

SHS Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ SHS Student Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Guest School (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Parent/Guardian Name (age 17 and under): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Emergency Contact Info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Guest’s Home School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is requesting to attend a dance at Seaside High School. In order to attend, this student must be in good standing at their home school. Our definition of good standing would be good attendance, zero or minor discipline problems, and good academic standing. Under these circumstances, would you recommend this student to attend our dance?

 \_\_\_\_\_\_\_ Yes, I would recommend this student.

 \_\_\_\_\_\_\_ No, I would not recommend this student.

 \_\_\_\_\_\_\_ Please contact me for further details. (Jason Boyd, 503-738-5586)

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ======================================================================Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seaside High School Denial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS FORM MAY BE FAXED TO SHS WITH ALL OTHER MATERIALS AT 503-738-5589