

# Grant Community High School (GCHS) Dance Guest Approval Form

Any student requesting to bring a guest who is not a Grant Community High School student must have this form completed **before a ticket can be purchased**. It requires the signature of a dean or administrator of the guest's school and of a GCHS dean. A photocopy of the guest's high school ID or state driver's license/state ID card **MUST** be attached to this form. Guests, just like all other attendees of the dance, must present a current photo ID at the door the night of the dance and have it available at all times upon request.

**The minimum grade level for all guests is ninth grade; the maximum age is 20.**

GCHS Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Please print clearly

As a GCHS student, I understand that all school rules apply at school functions, and I will take responsibility to inform my date of these rules.

GCHS Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent/guardian of the above GCHS student, I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this GCHS Activity.

GCHS Student Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GUEST INFORMATION - A copy of a picture ID is required with this application

Guest Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Guest ID: \_\_\_\_\_  
Please print clearly School or driver's license

If Applicable, Guest School: \_\_\_\_\_

Guest Address: \_\_\_\_\_

Guest City, State, Zip: \_\_\_\_\_

Guest Parent/Guardian: \_\_\_\_\_  
Please print clearly

\_\_\_\_\_  
Signature of Guest Parent/Guardian

\_\_\_\_\_  
Date

Guest Emergency Contact Name: \_\_\_\_\_

Guest Emergency Contact Phone Number: \_\_\_\_\_

I am willing to abide by the RULES AND REGULATIONS of GCHS. Failure to do so will result in removal from the dance.

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

\_\_\_\_\_  
Date

### GUEST'S HIGH SCHOOL - DEAN APPROVAL

As the dean/administrator of the guest's school, I recommend that this student be allowed to participate in this activity.

\_\_\_\_\_  
Signature of School Dean/ Administrator of Guest

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date: \_\_\_\_\_

### GCHS COMMUNITY HIGH SCHOOL -DEAN APPROVAL

\_\_\_\_\_  
Signature of GCHS Dean

\_\_\_\_\_  
Date: \_\_\_\_\_