

CHS Student Name _____

Grade _____

Advisement Teacher _____

Columbus High Guest Permission Form

For ALL School---Sponsored Dances

Columbus High School 2200 26th Street, Columbus, NE 68601
(402)--- 563---7050 (402)---563---7058 (fax)

1. It is the responsibility of the CHS student to make sure the following individuals sign this form: **the guest, the guest's parent/guardian** (if a high school student) and **an administrator from the guest's school**.
2. It is the responsibility of the CHS student to inform his/her guest of the dress code and rules of the dance/school. *****Style of Dance deemed appropriate: Couples must be facing each other and no legs between legs. "Grinding" (straddling, thrusting, bent over) is inappropriate.**
3. It is the responsibility of the CHS student to inform their guest that *they must have some form of photo ID with date of birth clearly listed on them, when arriving to the dance.* (Photo ID's without date of birth will not be accepted.) Student and guest will not enter the dance until the age of the guest is determined.
4. It is the responsibility of the CHS student to return this form to Mr. Jon Frey or Ms. Angela Leifeld (Grade Level Administrators) before **noon on Monday, September 18, 2017.**

Guest: COMPLETE either tab A or B, whichever is appropriate, and sign the bottom.

A

Complete this section ONLY if currently enrolled as a high school student at another high school.

Guest Name: _____
 Parent(s) of Guest: _____
 Parent Address: _____ City: _____ State: _____
 Parent Phone Number: (home) _____ (cell) _____
 Guest's High School: _____

This section to be completed by an administrator of the guest's high school:

- This student is in good standing in our school.
 This student is NOT in good standing in our school.
 This student is NOT a student at our school.

Guest Administrator's Name: _____
 Position/Title: _____
 Guest Administrator's Signature: _____
 Comments: (optional) _____

B

**Complete this section ONLY if currently a non---high school student or a former CHS student -
----- NO OLDER THAN THE AGE of 19**

Guest Name: _____ Guest's Age on Date of Dance _____
 Parent(s) of Guest: _____
 Parent Address: _____ City: _____ State: _____
 Parent Phone Number: (home) _____ (cell) _____

Guest: (Please read and sign)

I (print name) _____ agree to respect and abide by the school rules, dance rules, regulation and policies of CHS while a guest at this high school dance.

Guest Signature: _____ Date _____