

River Ridge High School

11646 Town Center Road * New Port Richey, Florida

* 34654 Phone: 727.774.7200 * 813.794.7200 <http://rrhs.pasco.k12.fl.us>



GUEST REQUEST FORM

A student requesting to bring a guest to a River Ridge High School social event, must have this form completed **and approved by the Principal before you purchase your tickets. (This includes RRHS 9th and 10th Grade students)** This form requires the signature of the Principal or Administrator of the guest's school. The dance policy allows a River Ridge High School student to **bring ONE guest, who must be a high school aged student. RRHS students requesting to bring an older student must have special permission from a River Ridge High School administrator and must not exceed the age of 20. All guests approved to attend must bring a current school ID or other photo ID to the social event.**

This form must be turned in to student services no later than end of school day April 28, 2023! THERE WILL BE NO EXCEPTIONS!

There is no formal appeal process for any guest wishing to attend. NO EXCEPTIONS!

As a River Ridge High School student, I understand all River Ridge High School's policies apply at all school social functions. All guests are required to abide with the expectations of River Ridge High School students. I will take responsibility to inform my guest of these policies and ensure full compliance with said policies. I further understand that my guest must have a current school or photo identification card in their possession and present it at the door upon entering the event.

_____/_____
RRHS Student's Full Name [Print] & [Signature] Student ID# Grade Date ____/____/____

As the parent/guardian of the above named River Ridge High School student, I find his/her guest to be a responsible person and I approve him/her as an acceptable guest for this River Ridge High School social event.

Parent of River Ridge High School Student [Print] Signature of Parent _____
[_____] _____
Home/Cell # Date ____/____/____

GUEST INFORMATION:

Name: _____ DOB: ____/____/____
Address: _____
City _____ State _____
Signature of Guest: _____ [_____] _____
Home/Cell # _____
Name of Guest's Parent: _____ [_____] _____
Home/Cell# _____

GUEST SCHOOL'S CONSENT:

As the Principal and/or Administrator of _____, I verify that _____
Guest's High School Guest's Name
is in good standing (2.0 cumulative GPA and no level 3 referrals).

Signature of Administrator [Guest's School] Date ____/____/____