Guest Form (Non-Piedmont High Student) PIEDMONT HIGH SCHOOL Junior/Senior PROM

3006 Sikes Mill Rd. Monroe, NC 28110 704-753-2810

Piedmont High School Dance Guest Permission Form

No One Over 20 years of Age will be Allowed, unless you are a current Piedmont Student. All outside guests must also submit a copy of their photo ID with this form.

Note to Students, Guests, and/or Parents/Guardians: Please read the form completely. Your signature indicates you have read, understand, and agree to the contents of the entire form. This form must be submitted to Mr. Dylan Stamey for approval. PMHS reserves the right to deny any student or guest admittance without a stated reason.

| Guest Information | | | G. 1 TD | |
|--|---|---|-------------------------|------------------------------|
| Guest's Name: Date of Birth (month/date | 1 | Grade:_ | Student ID: | Age: |
| Guest Special Medical Condition | /year) | | | |
| Circle: NO / YES: If yes, p | | | | |
| | | | | |
| Piedmont Student you are Guest's School Name: | attending with _ | | | |
| Guest's Home Address: _ | | | | |
| Guest's Parent/Guardian | Name: (Print) | | | |
| Phone: | Parent Cell Phone: | | | |
| Guest's Emergency Contact: | | Phone: | | |
| I, | | agree to follow al | I PMHS/UCPS rules | and |
| (Guest Print I | Name) | regulations as a gu | est at Piedmont High | School. |
| Guest's Signature: | | Date:e students in Union County and/or less than 18 years of age) | | |
| (Parent signature required for | r guests who are st | udents in Union County | and/or less than 18 ye | ars of age) |
| If guest is a Union County | student and/or u | nder 18 years of age,] | parents please fill ou | t the following section: |
| Ι, | , give permission for my child to attend the Print Name) dance/event at Piedmont High School. | | | |
| (Parent Pri | ıt Name) | dance/event at Piedn | nont High School. | |
| He/She agrees to follow all | | | ent of a rules infracti | ion, I will be contacted |
| and I will make arrangeme | nts to pick up my | child at the site. | | |
| Parent Signature: | | | _ Date: | |
| *If the guest is from another he or she is a student in goo | | | | ol sign below to verify that |
| Administrator Signature | | Administrator Printed Name/Title and Phone | | |
| Office use only: | | | | |
| Rec'd: Date: | Time: | Ini | tials: | |
| Rec'd: Date: Approved: | | Denied: | | |
| Signature: | | | | |