

## Porter Ridge High School Prom 2839 Ridge Rid. Indian Trail, NC 28079 704-292-7662

Porter Ridge High School Prom Guest Permission Form No One Over 20 years of Age will be Allowed!

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 Dr. Kim Fisenne for approval. PRHS reserves the right to deny any student or guest admittance without a stated reason.

| PRHS Student Information:   |
|---|
| Name:Grade:Age:Homeroom:  |
| My son/daughter named above has my permission to bring:   |
| Guest Information (a copy of the guest's Driver's license MUST be attached to this form)  |
| Guest Name: Grade: Age: License #:  |
| Guest's School Name:  |
| Home Address:   |
| Parent/Guardian Name: (Print)   |
| Phone: Parent Cell Phone:   |
| Emergency Contact: Phone: Phone:  |
| Guest Medical Conditions: Circle- YES / NO If yes, please describe:   |
| I, agree to follow all PRHS/UCPS rules and regulations as a   |
| (Print Guest's Name) guest at Porter Ridge High School Prom.  |
| Guest's Signature: Date: Date:  |
| IF GUEST is less than 18 years of age, the following section must also be filled out  |
| and signed by guest's parent/guardian. (Please read carefully)  |
| I, give permission for my child to attend the PRHS Prom at Founders   |
| Hall Charlotte, NC. He/She agrees to follow ALL PRHS/UCPS rules/regulations. In the event of a rules  |
| infraction, I will be contacted and I will make arrangements to pick up my child at the site.   |
| Parent Signature: Date: Date:   |
| IF GUEST is from another High School, please have an Administrator from the   |
| guest's school sign below to verify that he or she is a student in good standing and  |
| attach the Administrator's business card to this form. (Please read carefully.)   |
| Date:D |
| (Administrator Signature, Administrator Printed Name, Title and Phone)  |
| Porter Ridge Office Use Only:   |
| Date Rec'd: Rec'd by: Approved: Denied:   |
| PRHS Administrator's Signature: Date: Date:   |