

2024 NORTH HIGH SCHOOL PROM GUEST FORM

1. Fill out the following information and obtain guest, administrator, and parent/guardian signatures. **This form must be turned in to the main office by Wednesday, May 1, 2024.**
2. Have your guest bring this sheet along with a photo ID and their guest ticket to the dance. Guests without a photo ID will not be admitted to the dance.
3. Guests must check in with you (North Student) to be admitted to the dance. All guests are the responsibility of the North Student they come with.
4. All bags and personal items will be searched upon entry. There is **no** re-entry.
5. All North Staff have the right to deny entrance to any North Student and their guest due to behaviors.
6. Attendees arriving after 8:30 p.m. may not be admitted to the dance.
7. Any signatures that are forged may result in both the North Student and their guest being denied entry to the dance.

***Please be advised that you may bring one guest only and that no middle school students or adults that have been out of high school will be admitted to the dance.**

***Additionally, please check that you have met behavior requirements if they apply prior to purchasing tickets.**

To be completed by North High Student and Guest (please print):

Event Name: Prom	Event Date: Saturday, May 4, 2024
Event Location: The Lismore Hotel, 333 Gibson Street, Eau Claire, Wisconsin	
Name of North Student:	
Name of Guest:	
Guest School:	Guest Home Phone:
Guest Home Address:	
Guest Emergency Contact:	Emergency Contact Phone:

continued on back

I agree to conduct myself in a manner which exhibits appropriate language, dignity, an

2024 NORTH HIGH SCHOOL PROM GUEST FORM

d respectful behavior towards others. I recognize that this is a school sponsored activity and that I am bound by the policies, laws, and procedures of the Eau Claire Area School District. This includes total abstinence of the use/sale of alcohol, tobacco products, drugs, or controlled substances prior to, while in attendance, or associated with this activity. I further agree to follow any rules or recommendations given by any administrator, faculty, and staff, or adults who are supervising this activity. I understand that violation of this agreement will result in immediate expulsion from this activity, possible police referral, parental contact, and my being banned from attending any future North High School sponsored activities.

Guest Signature:	
Guest Parent/Guardian Name (printed):	Guest Parent/Guardian Signature:
North High Student Signature:	

Guest's School Administrator: Please complete the portion below for the student named above by placing an "X" in the appropriate box.

	Attendance	Behavior	
Good Standing			Administrator Name (printed):
Some Concerns			Administrator Signature:
Significant Concerns			Administrator Phone:

NHS Office Use Only:

<input type="checkbox"/>	<i>I do <u>not</u> approve this guest form.</i>
<input type="checkbox"/>	<i>I <u>approve</u> this guest form.</i>
NHS Administrator Signature:	Date approved: