

Colton High School
824-2311 (phone) 503-824-2312 (fax)

Dance Guest Application

The Guest Pass is a student request. Colton High School has the authority to decline a request based on a number of factors. Please turn all Guest Passes into the Secretary. The student will be contacted if a guest pass is **not approved**.

High school students may bring non-CHS students as their guest if a Guest Pass is obtained, completed, signed and returned to the office by the Wednesday **prior** to the event, and approved by the Principal.

High school students obtaining a Guest Pass for an out-of-school guest must arrive and leave with their guest and remain with their guest during the dance. The high school student is responsible for the guest's behavior. The Guest Pass must include the telephone number of an adult who will supply transportation as needed, including during the dance hours. Guests must have a valid picture I.D. card from their local school, alternative proof of school enrollment, or a driver license

Date of Dance: _____ Name of Dance: _____

CHS Student Name: _____ Grade: _____

CHS Student Parent/Guardian Signature: _____

Guest Name: _____ Grade: _____ Birthdate: _____

Guest School (If Applicable): _____

Guest I.D. (School or Driver's License): _____

Guest Parent/Guardian Name (age 17 and under): _____

Guest Parent/Guardian Signature (guest 17 and under): _____

Guest Emergency Contact Info _____

To be completed by the Guest's Home School

_____ is requesting to attend a dance at Colton High School. In order to attend, this student must be in good standing at their home school. Our definition of good standing would be good attendance, zero, or minor discipline problems, and good academic standing. Under these circumstances, would you recommend this student to attend our dance?

_____ Yes, I would recommend this student.

_____ No, I would not recommend this student.

_____ Please contact me for further details (Tori Hazelton, 503-824-2311)

School Admin. Printed Name: _____ Date _____

School Admin. Signature _____

Colton High School Approval _____

Colton High School Denial _____

Signature of Administrator _____ **Date:** _____

THIS FORM MAY BE FAXED TO CHS WITH ALL OTHER MATERIALS AT 503-824-2312

