**INFORMATION**

All guests who do not attend Adams High School ***but are still in high school***, in order to be considered for a guest pass to our school function, are required to have an administrator from their school complete this application and fax it to (248) 726-5205, Attention: Mr. Calcamuggio. ***If the guest is a college student***, they must have their driver’s license on-hand at the AHS event, but an administrator signature is ***not*** necessary.

Only Adams High School students may purchase dance tickets. Any outside guests, active students or not, who wish to attend a function at AHS must attend with an AHS student. Guests ***must be at least a high school freshman***. Guests older than 19 years of age ***are not*** permitted to attend. Adams High School reserves the right to deny entry as needed. **ALL GUESTS MUST SHOW AN ID AT TICKET CHECK-IN.**

**Adams High School Function:** Homecoming Dance

**Date of Function** September 28, 2019 **Application Due Date:** September 25, 2019

***Guest Student Section (MUST be filled out completely)***

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_

**School Attending:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby give my son/daughter permission to attend the above mentioned school function. I understand that my son/daughter is obligated to observe all the policies of Adams High School, and failure to comply with those school policies will result in removal from the function without compensation. Any issues involving substance abuse will involve possible police action, as well as informing the sending school and parents of all students involved. Adams High School will assume no legal responsibility for the non-AHS student.*

**Parent Signatures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AHS Parent Guest’s Parent

**Student Signatures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AHS Student Guest

**Print Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AHS Student Guest

**AHS Student’s 4th Hour:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator Section:** If you have any concerns regarding the above-named student, please contact Mr. Calcamuggio (248)-726-5200. Otherwise please FAX this form with your signature at (248)-726-5205. Thank you.

**Guest School Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_