STEWARTS CREEK HIGH SCHOOL PROM DATE REQUEST FORM

A SCHS student requesting to bring a date who is not a Stewarts Creek High School student must have this form completed **before** a ticket can be purchased. Date request forms must be turned in by March 20th.

**As a Stewarts Creek High School student, I understand that all code of conduct rules apply at school functions, and I will take responsibility to inform my date of these rules.**

SCHS Student Name: Grade:

SCHS Student Signature: Date:

**As the parent/guardian of a Stewarts Creek High School student, I find his/her date to be a responsible person and I recommend his/her date as an acceptable guest for this SCHS social function. I also understand that tickets are non-refundable.**

SCHS Student’s Parent/Guardian Name: Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date:

**As a guest of a Stewarts Creek High School student, I will follow all rules and regulations of SCHS, and I understand that failure to abide by these rules may result in removal from the dance and/or disciplinary action with no refund. I verify that all information provided on this form is accurate and current.**

Guest Name: \_\_\_\_\_\_\_\_ Age:

Guest’s Signature: Date:

Name of guest’s high school currently attending or previously attended: \_\_\_\_

Year Graduated/Attended:

Name and cell number of guest’s parent/guardian:

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| **If the guest is currently enrolled in another high school, an administrator of that school must complete the following information.**  As an administrator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a student in good standing.  Administrator’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Administrator Date |