## Jackson Center High School 204 S. Linden Street, Jackson Center, OH 45334

## **OUTSIDE GUEST DANCE ATTENDANCE REQUEST**

Jackson Center High School

| (PLEASE PRINT)   |  |                                    |   |
|--|--|------------------------------------|---|
| I, reque<br>(J.C. Student Name)  | est permission to                                  | bring my dat                       | re/guest(Guest's Name)  |
| to Prom on May 3, 202<br>Guest's Phone #   | 25. My date/gue                                    | est is a studen                    | at at   |
| high school/attends  | college/is   | enlisted in th                     | e branch of the military  |
| agree to the following requirements:   |  |                                    |   |
| <ol> <li>My date/guest will have a principal fr<br/>937-596-6490, No later than Wedne</li> </ol> |  |                                    | rm and fax it to Jackson Center High School.  |
| I will introduce my date/guest to an a present a photo ID.                                       | administrator be                                   | fore entering t                    | the dance. At this time, my date will also  |
| 3. I will comply with all school rules and   | d see to it that m                                 | y date/guest                       | does the same.  |
| 4. I will assume full responsibility for the   | e behavior of m                                    | y date/guest.                      |   |
| 5. I will leave the dance if my date/gue   | st is asked to lea                                 | ave.                               |   |
| I understand that my date/guest can     of 21.   | not be a middle                                    | school studer                      | nt and that my date/guest must be under the   |
| 7. A copy of a photo ID must accompa   | ny this complete                                   | ed form for any                    | y date/guest that is <i>not</i> a high school student   |
|  | the above guide<br>ff and administra               | lines will resu<br>ation to take a | us entry to the dance if circumstances warrar lt in my being denied this privilege in the futuiny actions necessary to maintain orderly  Date |
| Č  |  | J                                  |   |
| Jackson Center Parent's Signature  | <br>Dat  | e                                  | Student's home phone #  |
| Date/Guest Signature   | Grade  | Age                                | Date  |
| For High School Students Only  |  |                                    |   |
| To be completed and faxed by a school adm  | inistrator by We                                   | dnesday, Apr                       | il 16, 2025, to 937-596-6490.   |
| Administrator's Signature  | Administrator's Name Printed & Contact Information |                                    |   |