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

OUTSIDE GUEST DANCE ATTENDANCE REQUEST
Jackson Center High School

(PLEASE PRINT)

I, ______________________________ request permission to bring my date/guest ______________________________-
(J.C. Student Name) (Guest's Name)

_______________ to Homecoming on October 3, 2026. My date/guest is a student at ________________________
Guest's Phone #

high school/attends _________________________ college/is enlisted in the _________________ branch of the military.

I agree to the following requirements:

1. My date/guest will have a principal from his/her school sign the form and fax it to Jackson Center High School. 937-596-6490, No later than Wednesday, September 30, 2026
2. I will introduce my date/guest to an administrator before entering the dance. At this time, my date will also present a photo ID.
3. I will comply with all school rules and see to it that my date/guest does the same.
4. I will assume full responsibility for the behavior of my date/guest.
5. I will leave the dance if my date/guest is asked to leave.
6. I understand that my date/guest cannot be a middle school student and that my date/guest must be under the age of 21.
7. A copy of a photo ID must accompany this completed form for any date/guest that is not a high school student.

I understand that the administration can deny my request and can refuse us entry to the dance if circumstances warrant. I also understand that failure to comply with the above guidelines will result in my being denied this privilege in the future. I permit the Jackson Center High School staff and administration to take any actions necessary to maintain orderly conduct at this function. I will comply with all guidelines as stated.

_____________________________________ __________ __________ _________________________________
Jackson Center Student Signature Grade Age Date

_____________________________________ _______________ _________________________________
Jackson Center Parent's Signature Date Parent's mobile phone number

_____________________________________ __________ __________ _________________________________
Date/Guest Signature Grade Age Date

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For High School Students Only

To be completed and faxed by a school administrator by Wednesday, September 30, 2026, to 937-596-6490.

_______________________________________ ____
Administrator's Signature Administrator's Name Printed & Contact Information