

OUTSIDE GUEST DANCE ATTENDANCE REQUEST

St. John Paul II Catholic High School

(PLEASE PRINT)

I, _____, (JP II Student’s Name) request permission to bring my date/guest,

_____ (Guest’s Name) to Prom on April 13, 2024 My date/guest is a student at
_____ (Guest’s School).

I agree to the following requirements:

1. My date/guest will have an administrator from his/her school sign the form and **email the completed form to mwhetstone@jp2falcons.org at St. John Paul II Catholic High from the school approving, by the deadline specified below.**
2. I will introduce my date/guest to an administrator before entering the dance. At this time, my date/guest 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 to my date/guest.
5. I will leave the dance if my date/guest is asked to leave.
6. I understand that my date/guest may not be a middle school student and that my date/guest must be under the age of 20.
7. Both myself and my guest must sign and abide by all guidelines on the Code of Conduct, including Dress Code.

(please complete the additional form and sign)

I understand that the administration may deny my request and may 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 St John Paul II Catholic 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 above.

JP II student’s name	Grade	Date	
JP II parent’s signature	Date		
Date’s/Guest’s name			
Date’s/Guest’s signature	Grade	Age	Date

To be completed and faxed by a school administrator by ***Tuesday, April 9, 2024.***
Please complete and fax to: Attention: St. John Paul II Catholic High, Re: PROM
School must email to mwhetstone@jp2falcons.org or Fax Number (256) 430-1766

_____ Administrator’s Signature
 _____ Administrator’s Name Printed
 _____ Administrator’s Contact Information

By completing and faxing this form to St. John Paul II Catholic High, I confirm that the student applying for guest approval

has maintained acceptable standards of behavior, attendance, and academic performance.