SKYLINE HIGH SCHOOL DANCE - OUTSIDE GUEST APPROVAL FORM

151 Skyline Vista Dr. - Front Royal, VA 22630 ph. 540-631-0366 / fax 540-635-4026

Please complete this form fully and legibly, or your request will be denied.

RETURN COMPLETED FORM TO SHS OFFICE

SHS Student:			Grade: 9 10 11 12
*Last Name	First Name		
2nd Block Teacher:	EVENT: HOCO	XPROM	DUE DATE: <u>APRIL 09, 2024</u>
<mark>Ol</mark>	JTSIDE GUEST INFO-		
Individuals below 9th grade a			
Last Name:	First Na	ame:	
Guest Age: Grade: 9 10 11 12 N	A Guest Phone Nu	mber:	
Guest School/College/Employer Name:			
Guest School/College/Employer Phone:			
 Guest Expectations: Guests must conform to all rules and policie Guests must conform to the dance dress an Guests must present a photo ID to enter the This request must be completed and app This form is to be taken to the school/employer document is completed and returned on time to approved. Tickets are NON REFUNDABLE und 	d decorum standards require <i>dance.</i> proved before the deadline of the guest. It is the resp Skyline High School adm	ed of Skyline Hi date! consibility of th	igh School students. (No jeans) ne SHS student to ensure that this
To be completed by a High Sch	nool Administrator or Er	nployer if no	t currently in school.
If homeschooled, must b	e completed by the par	rent/guardiar	<mark>i of the guest.</mark>
I certify that the guest individual listed abov	e is in good standing.		
Name of Administrator / Employer:		Phone	Number:
Administrator's / Employer's Signature:			Date:
**Please return to SHS Main Of	(parent/guardian for ho ffice or fax this form to:		
	SHS OFFICE USE		
SHS Administrator Approval:			Date: