Washington-Lee High School

PROM ONLY

1301 N. Stafford St. Arlington, VA 22201

**PROM GUEST PERMISSION FORM**

**Washington-Lee Host Student Information:**

Name/Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guest Information:**

Name/Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Guests may NOT be older than 19.

Guest Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Permission: □ YES □ NO

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact During Homecoming-Name and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School guest attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 All individuals wanting to attend the W-L event listed above who are not W-L students must see that this form is completed and returned to the appropriate Principal by the deadline date.

 **Expectations:**

* Guests must conform to all expectations in the W-L Students Handbook.
* Guests may NOT be middle school students or older than 19.
* Guests must be present a photo ID to enter the event.
* This application must be completed and approved before tickets will be sold.
* Guests must conform to the W-L Dress Code.

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**TO: Administrator of the Guest’s High School**

**FROM:** Dr. Gregg Robertson, Principal

RE: Guest’s Attendance at W-L Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The individual listed as a guest wants to attend the above event. I am requesting that you sign this form affirming that this individual is in good standing and exhibits good citizenship at your location. Please sign if appropriate – Include your contact phone number for verification purposes.

Thanks for your cooperation.

 Administrator’s Name Administrator’s Signature Contact Phone Number