



# Adna High School Dance Guest Pass Application

**\*\*\*FORM MUST BE SUBMITTED 72 HOURS MIN. PRIOR TO EVENT\*\*\***

*Fax to (360) 748-1625 or email [vestals@adnaschools.org](mailto:vestals@adnaschools.org)*

**AHS Student Name:** \_\_\_\_\_

**AHS Student Parent Signature:** \_\_\_\_\_

**Guest Name:** \_\_\_\_\_

**Guest School:** \_\_\_\_\_

**Guest Grade:** \_\_\_\_\_ **Guest Age:** \_\_\_\_\_

The guest must be at least in the 9th grade, at least 14 years old and no older than 20.

If approved, I agree to follow all Adna High School rules and conduct myself in an appropriate manner.

I verify that all of the information on this form is correct and any misconduct on their part will cause disciplinary action upon the student who requests this pass.

**Guest Signature:** \_\_\_\_\_

**Guest Parent Signature:** \_\_\_\_\_

**Guest Parent Phone Number:** \_\_\_\_\_

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**Guest Administrator Name:** \_\_\_\_\_

**Guest Administrator Title:** \_\_\_\_\_

**Guest Administrator Phone Number:** \_\_\_\_\_

I approve of the above named student attending your school dance and declare that he/she is in good standing with policies and rules at our school and would not be denied attending any of our events due to discipline concerns.

**Guest Administrator Signature:** \_\_\_\_\_

**AHS Administrator Signature:** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_