



Adna High School Dance Guest Pass Application

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

*Fax to (360) 748-1625 or email wagnerj@adnaschools.org or
wernerl@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: _____

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** _____