**Central Bucks High School South**

**Student Guest Request Form**

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| **This form must be completed and approved before a guest ticket can be purchased.**  Completed forms should be submitted to your house office.  If your request is approved, a guest ticket can be purchased at that time. |

**CB SOUTH STUDENT INFORMATION**

Name of CB South student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ TF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event (circle one): Homecoming / Jr.Prom / Sr. Prom / Winter Dance Date of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for inviting this guest (please write 1-2 sentences explaining your connection to this person):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I am aware that my guest must follow all rules and policies of Central Bucks High School South and the Central Bucks School District while attending this function, including compliance with the current version of the district’s health and safety plan. I will take responsibility for reviewing these rules with my guest, including those listed below:*

* Students leaving the event are not allowed re-entry. Students must remain at the event until the established time unless written parental request to leave early has been approved by the student’s house principal prior to the dance.
* No one under the influence of drugs or alcohol will be admitted.
* If a student or guest appears to be under the influence of drugs or alcohol, the police will be called. A parent/guardian will also be called and will be required to pick-up their son or daughter immediately. All CBSD disciplinary procedures will be in effect.
* Smoking is prohibited on campus and at any school-sponsored event.
* Students and guests are expected to demonstrate positive social interactions and courtesy to all other guests and chaperones.
* All guest forms must be submitted with a photocopy of the requested guest’s photo ID.
* All students and guests must present a photo ID to enter the event.

Signature of CB South Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*As the parent/guardian of the CB South Student named above, I recommend that the guest listed below be allowed to attend this event.*

Signature of parent/guardian of CB South student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUEST INFORMATION**

**Guests must be in at least 10th grade and under 21 years of age.**

**All forms must be accompanied by a copy of the guest’s photo ID.**

Name of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number of guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUEST SCHOOL INFORMATION**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guest School Administrator: (Please indicate the current status of this requested guest.)**

This student:

\_\_\_\_\_ is currently in good standing at our school.

\_\_\_\_\_ is currently in poor standing at our school.

\_\_\_\_\_ is no longer attending our school.

Guest School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CBS House Principal Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**