

Amboy High School  
Out of School Guest Request Form for Dances/Activities

Directions: A student requesting to bring a date/guest who is not an Amboy High School student to a school sponsored dance/activity must have this form completed and returned to the AHS Principal's office for approval one week prior to the date of the event. This form requires the signature of the principal or administrator of the guest's school.

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NAME OF EVENT \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_

**STUDENT/PARENT AGREEMENT:**

As an AHS student, I understand that all AHS rules apply at any school function. I am also aware that once my guest and I leave, we will not be allowed to return for any reason. I understand that neither my guest nor I may be under the influence of drugs or alcohol during this activity. The use or possession of tobacco products is not allowed at any school activity. I will take full responsibility to inform and ensure my guest's compliance to all school rules while attending the event. The guest must always have photo identification in his/her possession and must not be older than 20 years of age.

PRINT STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

As the parent of the above-named AHS student, I find his/her guest to be a responsible person and I approve him/her as an acceptable guest for this Amboy High School event.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**GUEST INFORMATION (Please Print):**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

If the guest is not a student, provide the following information:

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

\_\_\_\_\_ TELEPHONE \_\_\_\_\_

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**TO BE COMPLETED AT GUEST'S SCHOOL:**

As the Administrator at \_\_\_\_\_, I verify that \_\_\_\_\_  
(School Name) (Guest Name)  
is a student "in good standing."

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

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With or without cause, AHS reserves the right to decline the request of any non-AHS student.

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **DECLINED**

\_\_\_\_\_  
Signature of AHS Principal

\_\_\_\_\_  
Date