

Administrator's Name

DANCE GUEST REQUEST FORM OWATONNA HIGH SCHOOL

333 East School Street, Owatonna, MN Phone: 507-444-8800 Fax 507-444-8999

Office Use
Approved
Not Approved
Updated 2/2017

C	OHS STUDENT INFORMATION	J .		
NAME OF OHS STUDENT:		GRADE:		
I understand the above requirements and guidelir actions of my guest, both at the dance and by p should happen, I realize my dance privileges coul	proved guest to a dance. Guests all other dances throughout the year e. current school I.D. or driver's lice be allowed to attend prom. permitted to attend prom. permitted to attend prom. Inse or valid I.D. MUST be attachnis form. NO GUEST WILL BE AN COPY OF A VALID I.D. NO EXCOPY OF A VALID I.D. NO EXCOPT OF A VALID I.D. NO EXC	are only per are for OH ense) at the ense	ermitted to attend the HS students only. e dance. No guest age 21 or form. All information should TO THIS EVENT IF THIS FORM. This form along with photo I.D. 12.mn.us) to OHS by 4:00pm or incture I.D. of the guest. If you add witz @isd761.org. Ill time student at a high school ances, and/or smoking ent or guest. I accept responsibility for the und for approval. If something appropriate by school	
administration. The student requesting to bring a administration.	guest will be notified if, for any reason	າ, the guest i	is not approved by the	
Signature of O	HS Student		/ Date	
	GUEST INFORMATION			
GUEST NAME:	BIRTHDATE: _			
Guest's emerge I understand the requirements and responsit behave appropriately and follow all rules, at a realize that poor behavior at the dance will re	bility of being an outside guest at a all times, while at the dance. I ver	ify all inforn	mation provided is true and I	
Signature of Guest		ate	Guest's Phone Number	
→ Guest: Please bring this form to y	our school Administrator to fill in	n informati	on below. ←	
TO BE COMPLETE	D BY AN ADMINISTRATOR AT THI	E GUEST'S S	SCHOOL	
Lhelieve that they will annronriately represent	is a student in good standing		·	

Position

Phone Number

Fax Number