WEST SEATTLE HIGH SCHOOL DANCE - OUTSIDE GUEST FORM

WEST SEATTLE HIGH SCHOOL

3000 California Ave SW Seattle WA, 98106

Main Office Phone: 206-252-8800

Guest forms will not be accepted without parent signatures, and an attached business card from their administrator. Guest tickets may not be purchased before this form has been approved by Security.

Event: Spring Fling "Rio Carnival" --- Date: April 26th --- Time: 8-11:00 pm --- Place: WSHS Commons and Courtyard

Students/Guests attending a West Seattle High School event must abide by the following regulations:

- □ Submit this completed form to the West Seattle High School Activities Coordinator by 4:00 pm June 4th
- □ West Seattle High School students may only bring one guest and must enter and leave with their guest.
- ☐ Guests must be <u>under 20 years of age and cannot be a current elementary or middle school student.</u>
- □ West Seattle High School students are responsible for the behavior and demeanor of their guests.

		 Before entering a WSHS event, water bottles must be emptied and bags will be checked. No alcohol, tobacco, or drug use or possession of any of these items is allowed at West Seattle High School events. 					
	WSI	WSHS Student Information:					
	Name (print)				Grade		
	Name of Emergency Contact (please print)						
	Eme	ergency contact number(s)	ok to text?	(yes)	(no)		
	<u>WSI</u>	HS GUEST Information:					
	Nam	e (print) Age Attends					
	If no	If not enrolled in high school, please indicate where you work/attend					
	Pare	Parent/guardian of guest: I give permission for the person named above to attend this WSHS event. (Signature of guest parent/guardian)					
	Pare	Parent/Guardian/Emergency contact information for guest:					
	Name of contact Relationship to guest						
	Con	Contact number(s) for emergency contact					
	Gue	Guest: "I will abide by all of the West Seattle High School rules and regulations, as well as all requests made by the West Seattle High Staff and Chaperones."					
	Guest's Signature		Date				
	Adm	Administrator's/Employer/School Rep's Printed Name					
	Scho	School/Business NamePhone Number:_					
	Adm	Administrator/Employer/School Rep Signature		(Please		attach a business card below)	
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<u>A</u>	<u>fter</u> fo	orm is filled out, bring to Security for last sign off:					Stap here
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							Staple business card here
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