

University School High School

Guest Permission Form

Please return completed form to Ms. Ariane Day at University School, PO Box 70632, Johnson City, TN 37614

Fax: 423-439-5921 Phone: 423-439-4333

Event: _____

Time: _____

Date: _____

University School Student:

Name: _____ Grade: 9 10 11 12

Parent/Guardian: _____ Phone: _____

Accompanying Guest:

Name: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone: _____

School Name: _____

Please be aware of the following expectations:

- No guest will be admitted the night of the event without this completed form on file.
- A photo ID is required of guest.
- All guests must follow the University High School rules. Please check with host students in advance to comply with University School's dress code.
- Guest student and host student will be asked to leave if there are any problems.
- Guests must arrive and depart with the student that is hosting them.
- Once students leave, they will NOT be permitted to return.
- No use of alcohol or tobacco will be tolerated
- No sexually explicit dancing will be permitted

I understand the expectations stated above and give my permission for my child to attend this event. My child agrees to follow all University School rules and regulations and to comply with instructions from chaperones of the event.

Parent/Guardian Signature

Relationship

Date

To be completed by guest student's school administration:

_____ is a student at _____
and has no disciplinary infractions or other issues and would be allowed to attend a similar event in our school.

School Administrator: printed name

Signature

Title

Date

School phone number