

Lincoln County Schools Prom Guest Approval Form

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE A GUEST TICKET CAN BE PURCHASED.

LCS Student Name (**PRINT**) _____ Grade _____

Student and Guest Guidelines

- Students may invite ONE (1) guest.
- All school rules will be in effect for the prom.
- Students are responsible and will be held accountable for the actions of the guest.
- Guests must be currently enrolled in high school or a high school graduate/equivalent no older than 20 years of age.
- If enrolled in high school, this form must be signed by the principal where the guest is currently enrolled.
- Guests may not have criminal convictions or actions pending.
- Students eligible to attend the prom may not have violations of the following during the current school year: drugs and alcohol, assaults, threats, harassment, weapons, bomb threats, terrorist threats, clear threats to safety, and criminal behavior. Students who are serving a suspension on the prom date are also unable to attend the prom.
- A photo ID will be required for admission for both student and guest.
- A copy of the guest's photo ID must be attached to this form. For post-graduates, a photocopy of the diploma or transcript must be attached to this form.

Guest Information – This information is required to determine a guest's eligibility to attend the prom.

Guest's Full Name _____

Grade _____ Guest's Date of Birth _____ Driver's License Number _____

Current/Previous School (Graduation Year, if applicable) _____

Place of Employment (if applicable) _____

Signatures – Signing below indicates agreement with the student and guest guidelines listed above.

LCS Student Signature

Guest Signature

Parent/Guardian Signature of LCS Student

Parent/Guardian Signature of Guest

Printed Name of Parent/Guardian of LCS Student

Printed Name of Parent/Guardian of Guest

The guest named above is a student or employee with our school/company. There are no pending disciplinary actions against this student/employee at this time.

Signature of Administrator/Employer

Title

Printed Name of Administrator/Employer

Daytime Phone Number

TO BE COMPLETED BY SCHOOL PERSONNEL:

Date Form Received _____

SRO/Principal