## Saline High School

1300 Campus Pkwy Saline, MI 48176

be directed to 734-401-4200.

**SRO** 

Ph: 734-401-4200 Fax: 734-401-4398

## **SHS GUEST DANCE FORM**



All guests must attend high school (9th-12th grade) or are under 21 years of age.

## THIS FORM MUST BE DROPPED OFF/FAXED TO THE SHS Main Office by Wednesday before the Dance @3:00pm

Saline Student Name:		Grad	le	
Home phone	Parent/Guardian cell number			
Parent(s) name:				
Guest's Information: Guest school Prine enrolled and in good standing. Guest must be		, ,	-	
GUEST FULL NAMELAST			thDate	
LAST Guest Driver's License #	FIRST	MIDDLE Guest Cell number _		
Guest Home phone				
Guest Home Address				
Guest's school	Guest school Principal			
Guest school Principal Signature		Date		
	Signature			
Photo ID is require	d for EVERYON	IE attending the da	nce.	
As a student and guest of Saline High School hereby certify that we agree to the following:  1. We attend high school (9 <sup>th</sup> -12 <sup>th</sup> grade) 2. We will arrive at the dance together. 3. We will present our current student Industry 4. We agree to follow the Saline High States 5. We understand that the administration involvement.	e) <b>or are under 21 ye</b> D or other picture ID for School Code of Condu	ars of age. or admittance to the dance. ct		
BY OUR SIGNATURE ON THIS CONTRACT WE AC OF THE DANCE.	GREE, AND WILL ABIDE I	BY, THE TERMS OUTLINED ABO	OVE FOR THE DURATION	
Saline High School Student Signature	Date	Guest Signature	Date	
Saline High School Parent's Signature	Date Gu	Guest Parent's Signature (if under 18 yrs.) Date		
This completed form will be on file and the guest's na	me will appear on the dand	ce guest list. SHS students may s	ubmit only one Guest	

Request per student ticket purchased. Please do not purchase guest ticket until form is approved. Questions regarding this form should