HAMILTON HIGH SCHOOL

W220 N6151 Town Line Road, Sussex WI 53089
Main Office: (262) 246–6471
Fax Number: (262) 246–1885

School Dance Guest Form

Date of HHS Dance: _____ **Event:** Homecoming / Prom

HAMILTON HIGH SCHOOL STUDENT INFORMATION

HHS Student's Name: _____ **Current Grade: _____**

HHS Student's Signature: _____

HHS Parent/Guardian Signature: _____ **Cell Phone: _____**

1. Signature of this School Dance Guest Form by the guest and the student at Hamilton High School indicate that they will each be responsible for their own behavior while in attendance at the dance.
2. The guest must be in high school OR no more than one year removed from high school and no older than 19 at the time of the dance.
3. Please submit this completed form to the high school office for signature from an Administrator.
4. If the form is not approved, the HHS student will be notified as soon as possible.
5. Guests must bring a photo ID to the dance.

_____
Hamilton High School – Administrator Signature **Approved ☐ Yes ☐ No**

GUEST INFORMATION

Guest's Name: _____ **Date of Birth: _____**

Guest's School: _____ **Current Grade: _____**

Currently enrolled in (check one): ☐ High school ☐ Post secondary school ☐ Tech school ☐ Not in school

Has the guest been expelled from any school he/she has attended: ☐ Yes ☐ No

Has the guest been convicted of any misdemeanor or felony: ☐ Yes ☐ No

Is the guest a former student or graduate of HHS? ☐ Yes ☐ No Year Graduated: _____

Disclaimer: Hamilton High School strives to create a safe, enjoyable environment for our students. Guests who have been invited by a Hamilton High School student to attend an event shall be denied access to the event if they have been involved in any drug, alcohol, violence, or criminal incidents. Guests are subject to a criminal background check.

Guest's Parent/Guardian Signature: _____Cell Phone: _____

Guest's Signature: _____

Guest's Administrator Signature: _____

Place
Guest School
Seal Here