

**Richmond Hill High School**

1 Wildcat Drive

Richmond Hill, GA 31324

Ph.: (912) 459 - 5151

Fax: (912) 756 - 4958

**Junior-Senior PROM Guest Approval Form**

RHHS student's guests are only allowed at dances and events with advance ticket sales. Guest tickets can be purchased the week of March 2 – March 6, 2020. The guest ticket may not be purchased without this completed form (along with the online google form) **being approved by the home school administration** and submitted to **Mr. Harmon** before February 14, 2020. **RHHS administration has final approval and you will be notified of the decision.**

A guest must be at least enrolled in the 9<sup>th</sup> grade. The guest must either be enrolled in high school or is a high school graduate. All guests must be 20 years of age or under. Guests must present a picture ID at the door. **Original ID's must be presented at the event to be admitted.**

**PLEASE PRINT:** RHHS Student Name \_\_\_\_\_ Student Phone \_\_\_\_\_  
Guest Name \_\_\_\_\_ Guest Age/Grade \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
School: \_\_\_\_\_ School Phone: \_\_\_\_\_

**Guest Agreement:**

I am willing to abide by the Policies and Procedures of Bryan County Schools, as outlined in the student handbook. I realize that as a guest of Richmond Hill High School, I am required to abide by the rules and expectations for Richmond Hill High School students. I understand that failure to do so could result in my being removed from the dance.

\_\_\_\_\_  
**SIGNATURE OF GUEST**

\_\_\_\_\_  
**DATE**

*Guests who have graduated from High school do not need to complete this section.*

*If currently enrolled in another high school, an Administrator of that school must complete the following information*

\_\_\_\_\_ This individual is in 'good standing' at our school.

\_\_\_\_\_ This individual is not in 'good standing' at our school.

\_\_\_\_\_ Please contact me regarding this student.

\_\_\_\_\_  
SIGNATURE of Administrator \*\*

\_\_\_\_\_  
Phone # \*\*

\_\_\_\_\_  
Title \*\*

\_\_\_\_\_  
Printed Name of Administrator\*\*

\_\_\_\_\_  
Email Address\*\*

(\*\* is required for approval)

**FOR RHHS USE ONLY:**

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

\_\_\_\_\_  
Signature of RHHS Administrator

\_\_\_\_\_  
Date