# **PERMISSION GRANTED**JBHS Principal/Assist.

Principal: \_\_\_\_

# JOEL BARLOW HIGH SCHOOL HOMECOMING DANCE 2025

HUMECUMING DANCE 2025

Saturday, 10/25/25 - 7:00 pm to 10:00 pm Joel Barlow High School Lower Gym

DATE APPROVED	

#### **GUEST PERMISSION FORM**

Completed guest permission forms must be submitted for non-JBHS guests to attend the dance.

Only one guest per Barlow student may attend. Payment (\$20) for the guest's ticket must accompany form.

This form must be completed and approved **before** a ticket for a guest may be purchased.

Guests must be at least a freshman in high school and not over the age of 20.

A photocopy of the guest's high school ID, state driver's license, or other state or federal ID must be attached to this form.

This Guest Permission Form is <u>DUE</u> to the JBHS Main Office no later than THURSDAY, 10/23/25

Joel Barlow High School welcomes guests to our events with the understanding that our students and guests will demonstrate respect and concern for all in attendance. Any behavior that fails to respect the rights, safety, and welfare of oneself and others

will not be tolerated. In accordance with school rules, all school ev school policy will be asked to leave and a parent/guardian will be will be referred to law enforcement and prohibited from attending	contacted. In addition, anyone found in violation of the law
JBHS Student's Name:	Guest's Name:
JBHS Student Agreement: I am aware and understand the guid accept responsibility for my guest's adherence to these guidelines.  JBHS Student's Signature:	
<b>JBHS Parent's Approval:</b> I have read and agree to the contents permission to bring this guest to the event.	of this entire form. My son/daughter named above has my
JBHS Parent's Signature:	Date:
GUEST - PLEASE COMPLIA  A If the guest is currently a high school student, please comp  Guest's Name:	olete this section.
As the Principal or Assistant Principal ofabove-named student attends our high school. I recommend that s school event.	High School, I am certifying that the /he be granted permission to attend the above-mentioned
Principal or	
Assistant Principal's Signature:	Date:
School's Phone Number:	Extension:
As the parent/guardian of the above-named guest student, I appro Dance and understand the terms of this agreement.	ve of my son/daughter attending the JBHS Homecoming
Parent/Guardian's Signature:	Date:

Printed Parent/Guardian's Name:

In an emergency (during event hours), I can be reached at this number: \_\_\_\_\_\_\_

## **JOEL BARLOW HIGH SCHOOL**

## **HOMECOMING DANCE 2025**

Saturday, 10/25/25 - 7:00 pm to 10:00 pm Joel Barlow High School Lower Gym

**Guest Agreement:** I am willing to abide by the rules and regulations of Joel Barlow High School. I understand that failure to do so will result in my removal from the event.

Date:
of high school and employed, complete this section.
Guest's Cell Phone Number:
<u>OR</u>
City, State
e rules and regulations of Joel Barlow High School. I understand that failure to
Date:
Relationship:
As the parent/guardian of the above-named guest, I approve of my g Dance and understand the terms of this agreement.
Date:
reached at this number: