



# Dance Guest Form



Jackson High School  
7600 Fulton Dr. NW  
Massillon, OH 44646  
Phone: 330-837-3501  
Fax 330-830-8020

Jackson High School students wishing to escort one (1) non-Jackson student guest to the Jackson High School function must receive approval from the Jackson High School Administration. **No visitor applications will be accepted at the door.**

All Jackson High School rules will be in effect at this function and are applicable to both our students and the guest. No students will be admitted after 8:30 p.m. After entering the dance, no students will be permitted to leave the dance and re-enter at a later time. All departures are final.

**Please note that no middle school students or individuals 21 years of age or older will be permitted at this function without prior and special permission from the Jackson High School Administration. Guests and escorts must have a picture ID to enter.**

Violations of the Jackson High School student code of conduct or behavior will result in immediate removal from the premises and will be subject to further disciplinary action. Forgery or falsification of this form will result in denial of dance attendance and additional disciplinary action.

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## JACKSON HIGH SCHOOL STUDENT INFORMATION

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
(Print)

I understand that I am subject to Jackson High School disciplinary action based on the behavior and actions of myself and the actions of my non-Jackson High School student guest.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## GUEST'S INFORMATION/RESPONSIBILITY STATEMENT

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Current High School/College \_\_\_\_\_

I understand that I am subject to all Jackson High School rules, dress code policies, and responsibilities. I understand that my Jackson High School student escort will be equally subject to disciplinary actions based upon my behavior and actions.

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_

My son/daughter has my permission to participate in the function listed above. I understand that I am ultimately responsible for his/her actions and behaviors. I permit Jackson High School staff and administration to take any actions necessary to maintain orderly conduct at this function.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PRINCIPAL AFFIRMATION STATEMENT AND SCHOOL SEAL FOR GUEST STUDENT CURRENTLY IN HIGH SCHOOL

By affixing my signature and school seal/stamp, I hereby attest that the student applying for out-of-school guest approval has maintained acceptable standards of behavior, attendance, and academic performance.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

SCHOOL SEAL HERE:

