



**ST. PATRICK
ST. VINCENT
CATHOLIC HIGH SCHOOL**

REQUEST FOR GUEST TO ATTEND THE SPSV JR/SR PROM ON **May 3, 2019**

RETURN BY: Wednesday , **April 17th, 2019 to Mrs. Branch**

****NO Freshmen and NO ONE 21 YEARS OF AGE OR OLDER ALLOWED****

1. Information

SPSV Student Name _____

Guest Name _____

Guest Address _____

Phone _____

Guest School/Work _____ School Phone _____

2. Signatures –Secure the following:

- a copy of guest student I.D
- signature of SPSV student
- signature of SPSV parent
- signature of guest & guests parent/guardian
- guest school's business card.
- signature of guest's vice principal or dean

3. To the Vice Principal or Dean of the Guest (unless not in school)

St. Patrick-St. Vincent School needs your signature and business card on this form if your student is to attend the JR/SR Prom on **May 3, 2019**. The signature has two purposes:

- a) To testify that the student is well-behaved and in good standing at his/her school.
- b) To acknowledge that if this student violates any SPSV rules while at the Prom you will enforce the appropriate consequences upon notification of the student's wrongdoing.

I, hereby affirm that _____ is well behaved and in good standing at _____ school. I will address any misbehavior by this student notification by an administrator from SPSV School of wrongdoing at the above listed event.

X _____
Vice Principal/Dean Telephone _____

4. To the SPSV student:

This is an understanding that you are responsible and liable for your guest's actions and consequences. That means that you are subject to any disciplinary actions your guest earns, although you may have had nothing to do with the behavior.

X _____
Signature of SPSV student

5. To the Parent/Guardian of the SPSV student:

This is for you to acknowledge that you approve of your son/daughter taking the above listed guest. You are also agreeing that your son/daughter is responsible for his/her guest's actions and subject to consequences earned by the guest.

I, the parent/guardian of _____, have read and understand the above conditions and approve.

X _____
Signature of Parent/Guardian

6. To the Guest:

Your signature below is your word that you will abide by all of SPSV rules including being breathalized while attending our school function.

X _____
Signature of Guest

7. To the Parent/Guardian of the Guest

You are agreeing that your son/daughter is responsible for his/her actions and is subject to the consequences earned.

I, the parent/guardian of _____ have read and understand the above conditions and approve.

Guest's Parent Signature

Print Name

Home Phone #

ATTACH VICE PRINCIPAL OR ADMINISTRATOR'S BUSINESS CARD HERE