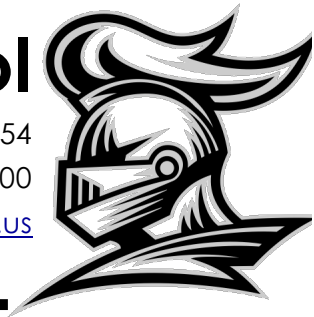


Received in Student Services on \_\_\_\_\_ by \_\_\_\_\_  
 Date Secretary  
 Info verified by \_\_\_\_\_ YES NO  
 Admin Signature Indicating Approval \_\_\_\_\_

# River Ridge High School

11646 Town Center Road \* New Port Richey, Florida \* 34654  
 Phone: 727.774.7200 \* 813.794.7200 \* 352.524.7200  
 Fax: 727.774.7291 \* <http://rrhs.pasco.k12.fl.us>



**Dr. Toni Zetzsche, Principal**

Ronald Bruno, Assistant Principal • Douglas Elias, Assistant Principal • Jessica Meek, Assistant Principal • Janene Sullivan, Assistant Principal

## A Knight on The Runway: 2017 JUNIOR/SENIOR PROM PROM GUEST REQUEST FORM

**A student requesting to bring a guest who is not a RRHS student must have this form completed by the principal of the attending school** and returned to Mr. Elias in Student Services **before** you purchase your tickets. The dance policy allows a RRHS to bring one guest who must be 20 or younger. No middle school students are allowed to high school dances. Please **submit this form to RRHS student services, no later than April 21st**. As per district policy, to participate in extracurricular activities, any currently enrolled students may ***not have more than 10 unexcused absences in any one period in semester 2***.

As a RRHS student, I understand that all RRHS and county policies apply at school functions. All guests are required to abide with the expectations of RRHS students. I will take responsibility to inform my guest and ensure full compliance of these policies. My guest must have current photo identification in his/her possession and present it at the door upon entering.

\_\_\_\_\_  
 RRHS Student's Name      Signature of RRHS Student      ID #      Grade      Date

As the parent/guardian of the above named RRHS student, I find his/her guest to be a responsible person, and I approve him/her as an acceptable guest for this RRHS event.

\_\_\_\_\_  
 Signature of Parent of RRHS Student      Phone #      Date

\*\*\*\*\*

**\*\*As the Principal of \_\_\_\_\_ High School, I find this student to be in good academic standing and have no more than 10 unexcused absences in any one period during semester 2.**

\_\_\_\_\_  
**Administrator Signature/ School      School Extension      Date**

**GUEST INFORMATION**

Is the guest a current Pasco County Schools student:     no     yes    School ID# \_\_\_\_\_ Grade \_\_\_\_\_

Is the guest a former Pasco County Schools student:     no     yes    School ID# \_\_\_\_\_

If the guest has a Driver's License or State ID, please provide the # \_\_\_\_\_

\_\_\_\_\_  
**Guest's Name** (please print)      Date of birth

\_\_\_\_\_  
 Guest's Home Address      Phone #

\_\_\_\_\_  
 Guest's School (past or present)      School Phone #

\_\_\_\_\_  
 Signature of Guest's Parent      Guest Parent Phone #