

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 • Heather Ochs, Assistant Principal • Jessica Meek, Assistant Principal • Janene Sullivan, Assistant Principal

The Enchanted Forest 2019 Junior/Senior Prom PROM GUEST REQUEST FORM



If a student wants to bring a non-RRHS student to the prom, they must have this form completed by the principal of the attending school. 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 student services no later than **Friday April 10th 2019**. In order to attend prom, you must be considered On-Track for graduation. This means a student has:

- *2.0 Minimum Unweighted Cumulative GPA
- *No level 3 violations during current school year
- *Less than 6 unexcused absences in any given period in quarters 3, or 4
- *Must be on track with credits (Freshman 3, Sophomores 9, Juniors 15, and Seniors 21)

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 standing with all of the criteria listed above.

 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 #