

REDMOND HIGH SCHOOL

RHS Phone: (425) 936-1800

RHS fax: (425) 861-7574

Dance Guest Pass Request

All Requests are due to RHS office by 2:30 pm the Wednesday before the dance. No Exceptions

RHS Student Name: _____ Name of Dance: _____

Date of Dance: _____ RHS Parent Name: _____

RHS Parent Phone Number: _____ Grade level of student (9-12): _____

RHS EXPECTATIONS

- **PICTURE ID IS REQUIRED for both RHS students and guests. Please have it ready upon entry to the dance.**
- Behavior at school dances will be closely monitored. Student or guest behavior not in line with RHS code of conduct may result in removal from the dance.
- **Possession of, or being under the influence of, any controlled substance is prohibited.** A breathalyzer may be requested at the discretion of the Administration.
- Doors will be closed to entry at 9:30PM. Once you leave, you may not be re-admitted.
- **Guests must be accompanied by the RHS student listed on this form upon arrival at the event.** Guests will not be permitted to enter without the RHS student with them.
- **Each RHS student may be listed on only one guest pass per event. You cannot bring multiple guests.**
- Guest must be in 9th grade or above and under 21 years of age.

IF GUEST CURRENTLY ATTENDS HIGH SCHOOL – COMPLETE THE SECTION

Guest Name: _____ Guest Signature: _____

Name of High School guest attends: _____ City: _____ State: _____

Guest Parent Signature: _____ Guest Parent Phone Number: _____

Grade level of guest (9-12): _____ **Administrator signature (Guest School):** _____

(Administrator's signature indicates student is in good standing at his/her home school).

****A business card from the Administrator MUST BE ATTACHED****

This portion must be completed PRIOR to obtaining RHS Administrator signature

IF GUEST IS OUT OF SCHOOL – COMPLETE THIS SECTION AND ATTACH A COPY OF THE GUEST DRIVER'S LICENSE

Name of Guest (please print): _____ Guest birthdate _____ Age: _____

Address of Guest: _____ Guest Parent's Name: _____

Guest Signature: _____

Home phone # of guest: _____ Alt Phone# of Parent: _____

For RHS Administration Only:

Date Completed Paperwork received: _____

Approval Signature: _____

Approval Date: _____

Pass Denied Reason (if applicable): _____