

**GUEST PERMISSION FOR CITY HONORS SCHOOL MIDDLE SCHOOL DANCE**

**No Guest Over the Age of 14 will be admitted to this event.**



**FRIDAY, May 9, 2025, City Honors School Gymnasium**

**TIME: 6:30 PM- 8:30 PM**

Name of Guest (Print Clearly) \_\_\_\_\_ Date: \_\_\_\_\_

**HOST STUDENT CONTRACT (to be completed prior to presenting to guest)**

I understand that my guest will be bound by all of the attached rules and regulations for the CHS dance. I am attesting that they have the good judgment to follow these rules and will take responsibility for them at the event. I understand that if I am not confident this individual can meet these standards, I should not bring them as a guest.

CHS Student Name: \_\_\_\_\_

CHS Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GUEST CONTRACT**

I have reviewed the attached dance Rules and Regulations and understand them. I agree to abide by them. I understand that any deviation from the rules on my part can result in a removal from the prom and that I can be subject to additional disciplinary action after the dance in accordance with Buffalo Public Schools Code of Conduct or that of my home school. I understand that if I violate any of these rules, these matters will be reported to my parents as well as the administration of my home school for possible disciplinary action.

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

**GUEST INFORMATION and PARENT SIGNATURE:**

Guest's Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Parent(s): \_\_\_\_\_

Parent Home Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I have read the CHS Middle School Dance rules and believe that my child will be able to abide by these rules as a guest of the CHS student listed above. I have reviewed these rules with my child and emphasized the importance of conducting themselves within these rules. I understand that any infractions will be communicated to my child's home school for possible disciplinary action.*

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

**HOME SCHOOL ENDORSEMENT  
(PLEASE PRINT):**

Name of Home School: \_\_\_\_\_

Do you support this student's request to attend the City Honors dance? Yes No

Do you believe this student will abide by the attached rules for our dance? Yes No

Would you admit this student to your dance? Yes No

Principal or Asst. Principal completing form: \_\_\_\_\_

Signature of administrator completing form: \_\_\_\_\_

Contact number and email of administrator signing form: \_\_\_\_\_

**The home school must fax this form directly to the attention of Mrs. Prophet at 716-888-7145**