

GUEST PERMISSION FOR CITY HONORS SCHOOL HILLTOP HOMECOMING DANCE

Guests must be enrolled in Grades 9-12 to be admitted to this event.



FRIDAY, October 28, 2022, City Honors School Atrium

TIME: 6:30 PM- 9:00 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 (must be completed before submitting to home school):

Guest's Name: _____ Age: ____ Date of Birth: _____

Address: _____

Name(s) of Parent(s): _____

Parent Home Telephone #: _____ - _____ - _____

Parent Cell # _____ - _____ - _____

I have read the CHS Hilltop Homecoming 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 Name of Guest Home School: _____

(PLEASE PRINT):

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 Ms. Soundara at 716-888-7145