



# STOUFFVILLE DISTRICT SECONDARY SCHOOL

## Guest Application Form



Thursday November 14<sup>th</sup>

**This completed GUEST APPLICATION must be submitted to an administrator for approval prior to November 12.**

Tickets are *non-transferable and non-refundable* and will only be honoured if presented by the purchaser.

### PART A: HOST STUDENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

### PART B: GUEST INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

☐

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

☐ I am attending high school. **Please complete Part C below.**

Guest must follow the rules and regulations outlined in the Caring and Safe Schools policy which can be found at [www.yrdsb.ca](http://www.yrdsb.ca) and the Stouffville District Secondary School Student Code of Conduct and policies found either in the student handbook or the school website. Failure to do so may result in any or all of the following for both the guest and host student: removal from the event; parent/guardian contact; referral to your school administration; police involvement.

### I agree to:

- Stouffville District Secondary School contacting my school/parents/guardians/reference/workplace;
- Provide proof of identity and age (not exceeding 21 years) with official photo ID (student ID card/drivers licence);
- Respect all those in attendance, and follow the direction of supervisors;
- Not be under the influence or in possession of drugs and/or alcohol;
- Display the contents of bags/purses/jackets/personal belongings as a condition of entry;
- The confiscation of any inappropriate items as identified by supervisors;
- Leave the event without compensation if either I or my host student is asked to leave or has to leave for any reason; and,
- Make arrangements to be picked up by 10:00 p.m., the end of the dance.

### I have read, understood, and agree to abide by all items addressed on this form.

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

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Home: \_\_\_\_\_

Alternate emergency contact information: Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### PART C: TO BE COMPLETED BY PRINCIPAL/VICE-PRINCIPAL OF GUEST'S SCHOOL

School Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Principal/Vice-Principal: \_\_\_\_\_

Name

\_\_\_\_\_

Signature

**Recommendation:** This guest is:

☐ Recommended

☐ **Not** recommended to attend the SDSS dance

Place school stamp in this area

To be completed by Stouffville District Secondary School Administration

Permission granted to purchase a ticket: ☐ Yes ☐ No

Principal/Vice-Principal Signature: \_\_\_\_\_

Medical Conditions / Food Restrictions