



2024 Alpharetta High School Homecoming Guest Permission Form



Please read and print information on form carefully. By signing below, you indicate that you understand and agree to the contents of this entire form. **This form must be submitted by Friday, September 27th to the Front Office AND must be accompanied by a copy of the guest's picture ID which includes their birthdate. AHS students will receive an email to their FCSTU email advising if their guest is approved or denied.**

AHS Student information

Name: _____ Grade: _____
First *Middle* *Last*

My son/daughter named above has my permission to bring _____ (*Guest name*) to Alpharetta High School's Homecoming Dance on Saturday, October 5th at Alpharetta High School. I further acknowledge that the email address listed below will be checked, in the case that additional information is needed prior to being admitted to the dance.

AHS Student Parent/Guardian Signature: _____

Guest Information

Guest Name: _____ Grade: _____
First *Middle* *Last*

Guest Age (**no guest may be over the age of 20**): _____

Guest has a special medical condition: Yes No

If yes, please explain:

Guest's School Name: _____

For the Guest's School Administrator (only if in high school): The student listed above does not have a discipline record and would be allowed to attend a similar event at our school.

Guest's Administrator Signature: _____ Date: _____

Guest's Home Address: _____

Guest's Parent/Guardian Name: _____

Guest's Home Phone: _____ Guest's Parent Cell Phone: _____

I, _____ (*Guest parent/guardian*), give permission for my child to attend the AHS Homecoming Dance on Saturday, October 5, 2024 at Alpharetta High School. My child agrees to follow ALL AHS rules and regulations. In the event of a rules infraction, I understand that I will be contacted and I will make arrangements to retrieve my child from this event site.

Guest's Parent Signature: _____ Date: _____

*****FOR AHS OFFICE USE ONLY*****

Date received: _____ Name of Administrator: _____

Approved Denied Admin Signature: _____ Date: _____