



# ST. MARY'S ACADEMY

**PROM  
GUEST PASS**

## GUEST STUDENT INFORMATION

**SATURDAY, APRIL 26, 2025 7:00PM – 10:00PM AT THE MELODY BALLROOM**

Name of Guest (First and Last): \_\_\_\_\_ Grade: \_\_\_\_\_

Guest's High School: \_\_\_\_\_

I understand that St. Mary's Academy High School reserves the right to deny entrance to any guest. I pledge to comply with the SMA Code of Conduct at the dance. I understand that breathalyzers will be used at the dance to ensure an alcohol-free experience for all students.

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

Guest's Parent/Guardian Name: \_\_\_\_\_ PM Phone #: \_\_\_\_\_

*(Phone number should be where the guest's parent/guardian can be reached the night of the dance)*

## GUEST INFORMATION

The guest above is requesting to attend a dance at St. Mary's Academy High School. To attend the student must be in good standing at the listed school. **Would you recommend this student to attend?**

\_\_\_\_\_ Yes, I recommend this student.

Administrator Name: \_\_\_\_\_

\_\_\_\_\_ No, I do not recommend this student.

Administrator Signature: \_\_\_\_\_

\_\_\_\_\_ Please contact me for further details.

School Phone Number: \_\_\_\_\_

## SMA STUDENT INFORMATION

SMA Student Name (First and Last): \_\_\_\_\_ Grade: \_\_\_\_\_

I understand I may only bring one guest, and I must accompany my guest to St. Mary's Academy. I understand that my guest must be a high school student and/or under the age of 20. I also understand that I am responsible for the behavior of my guest and their adherence to the SMA Code of Conduct. I understand that breathalyzers will be used at the dance to ensure an alcohol-free experience for all students.

SMA Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SMA Parent/Guardian Name: \_\_\_\_\_ PM Phone #: \_\_\_\_\_

*(Phone number should be where the guest's parent/guardian can be reached the night of the dance)*

Signature of SMA Vice Principal of Students: \_\_\_\_\_ Date: \_\_\_\_\_

**GUEST PASSES ARE DUE BY THURSDAY, APRIL 24, 2025**  
**Email completed passes to [ashley.sheridan@smapdx.org](mailto:ashley.sheridan@smapdx.org)**