



## AMITY REGIONAL HIGH SCHOOL SENIOR PROM – 2025

25 Newton Road, Woodbridge, CT 06525 (203) 397-4830

Amity Regional High School's Senior Prom is scheduled for Friday, May 30th, 2025, from 7:00 - 11:00 pm at the Omni Hotel. We welcome all guests at this annual event with the understanding and agreement of our standards of conduct. All attendees must be currently enrolled in high school or must be under 21 years of age. All attendees must arrive no later than 7:30 pm and must leave by 11:00 pm, when adult supervision will end, but will NOT be permitted to leave prior to 10:30 pm. All attendees are subject to a passive alcohol sensor.

**Please ensure all guests attach a copy of their photo ID and return the completed form to the Amity student's administrator by Friday, May 23<sup>rd</sup>, 2025.**

### ARHS Student Information

Amity Student Name: \_\_\_\_\_

My student has permission to bring \_\_\_\_\_ as their guest to the Senior Prom on Friday, May 30<sup>th</sup>, 2025.

Amity parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Guest Information

**If your guest is in high school, please complete the information below.**

**Parent/Guardian of Guest:** Your signature indicates that you give permission for your child to attend the dance and understand ARHS' behavioral expectations.

Guest Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name & Number: \_\_\_\_\_

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

**School Administrator:** Please complete and sign below. If you have any questions, please contact ARHS (203-397-4830).

I certify that the above-mentioned student attends \_\_\_\_\_ High School and is currently in good standing. I recommend the above-mentioned student be granted permission to attend ARHS' Senior Prom.

Administrator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

**If your guest is NOT in high school, please have them complete the information below.**

**ARHS Guest:** Your signature indicates that you understand ARHS' behavioral expectations.

Guest Name & Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_