



FARGO PUBLIC SCHOOL DISTRICT

Dance Guest Permission Form

(Guest Picture ID Required at Door)

- THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR BUILDING PRINCIPAL BY THE DUE DATE ESTABLISHED BY YOUR BUILDING.
- ONE GUEST PER FARGO PUBLIC SCHOOL DISTRICT STUDENT.
- GUESTS ARE SUBJECT TO THE SAME CODE OF CONDUCT AS STUDENTS.
- Forms of Picture ID for the Guest (Must show ONE of these): Driver's License, School Photo ID, or Passport).

FOR THE FARGO PUBLIC HIGH SCHOOL DISTRICT STUDENT HOST: I understand that it is the expectation of the District and school administration that this person is my guest and will arrive with me, be with me the entire event, and leave with me. I understand that I am responsible for the behavior of my guest, and that all District policies and the Code of Conduct will apply equally to my guest and me. The signatures below acknowledge that I as well as my parent/guardian have READ and AGREE to follow these guidelines and that my guest has been informed of them as well.

Student Name (Printed)

Student Signature

Parent/Guardian Name (Printed)

Parent Guardian Phone Number

Parent/Guardian Signature

FOR THE GUEST: (Guests must be currently enrolled and in good standing at a high school to attend District dance). My parent/guardian and I are aware of the guidelines involved in attending this event, and our signatures acknowledge our agreement to those guidelines.

Guest Name (Printed) _____ Guest Signature _____

Name of High School _____ Phone Number of High School _____

Parent/Guardian Name (Printed) _____ Parent Guardian Phone Number _____

Parent/Guardian Signature _____

FOR THE PRINCIPAL OF GUEST'S HIGH SCHOOL:	
I verify that this prospective guest is a currently enrolled student at our high school, who is in good standing, not subject to a current suspension or expulsion, and should not be a behavioral concern at the Fargo Public School District event. Building principal must attach business card or proof of official school stamp to this form for it to be valid.	
_____ Administrator's Name (Printed)	_____ Administrator's Title
_____ Administrator's Signature	_____ Date Signed