



AMITY HOMECOMING DANCE GUEST FORM - 2025

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

Amity Regional High School's Homecoming Dance is scheduled for Saturday, November 22nd, 2025, from 7:00 p.m. to 10:00 p.m., to be held at Amity Regional High School. We welcome guests at this annual event with the acknowledgment 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 10:00 pm, when adult supervision will end, but will NOT be permitted to leave before 9:30 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 Tuesday, November 18th, 2025****

ARHS Student Information

Amity Student Name: _____ Grade: _____

My student has permission to bring _____ as their guest to the Homecoming Dance on Saturday, November 22nd, 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 an ARHS administrator at (203-397-4830).

I certify that the above-mentioned student attends _____ and is currently in good standing. I recommend that the above-mentioned student be granted permission to attend ARHS' Homecoming 2025.

Administrator's Name: _____

Administrator's Signature: _____ Date: _____

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

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

Guest Name & Number: _____ Date of Birth: _____

Emergency Contact Name & Number: _____

Guest's Signature: _____ Date: _____