



PATCHOGUE-MEDFORD SCHOOL DISTRICT

WHERE EDUCATION IS MET WITH EXCELLENCE!

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Patchogue-Medford High School
NAVY (SEAL) LT MICHAEL P. MURPHY CAMPUS
181 Buffalo Avenue
Medford, NY 11763
(631) 687-6500

Theresa DeLeva, District Clerk

LETTER OF GOOD STANDING

Dear Colleague:

Please be advised that the individual named on this form is planning to attend the Patchogue-Medford High School Senior Prom on Monday, June 1, 2026 with the Rain Date of Monday, June 8th and June 15th as a guest of the below PMHS student. To ensure the safety of our students and security of the event, we are asking that an Administrator from the guest's own school or place of employment take a few moments to fill out this form. When completed, please bring this form along with a copy of photo ID to the PMHS main office or send to KHoulihan@pmschools.org. If the outside guest is no longer attending a school/university and is not employed, please contact Patchogue-Medford High School to make an appointment with an administrator. Thank you for your cooperation.

Respectfully,
Mr. Zackary Petker and Ms. Kerri Silsbe
Class of 2026 Co-Advisors (631) 687-6500

PMHS STUDENT INFORMATION

PMHS Student's Name: _____

PMHS Student's Phone Number: _____

Parent/Guardian Name: _____

PMHS GUEST INFORMATION

Guest's Name: _____

Guest's Phone Number: _____

Current PMHS Student: Yes _____ No _____

Former PMHS Student: Yes _____ No _____

PMHS Parent/Guardian Signature:

Granting their consent for their son/daughter to bring an outside guest to the Senior Prom.

APPROVED _____ **NOT APPROVED** _____

OUTSIDE GUEST INFORMATION

Guest's Name: _____

Guests Signature: _____

Guests Parent/Guardian Signature: _____

Guest's Phone Number: _____

BELOW MUST BE FILLED OUT BY ADMINISTRATOR/SUPERVISOR

School/District/Employer: _____

Name of Business/Organization: _____

Administrator's / Supervisor's Name: _____

Administrator's / Supervisor's Title: _____

Is this individual in good standing within your organization (eligible to attend extra-curricular school events)?

YES _____ No _____

Number of Suspensions w/in the last 60 school days _____

REFERENCE INFORMATION

Phone #: _____

Email Address _____

Administrator's / Supervisor's Signature:

Please attach any additional comments on the character of this individual that you believe we should be made aware of. Signature of this form gives consent to your home school district to share information with the Patchogue-Medford School District.

*****PHOTOCOPY OF LICENSE/PHOTO ID MUST BE ATTACHED*****