MOUNT SI HIGH SCHOOL DANCE GUEST FORM

Dance: MSHS Senior Prom at The Museum of Pop Culture (MoPop) Due Date: May 29, 2026

Mount Si High School reserves the right to refuse admittance to any dance guest who has not thoroughly completed this process.

- Guest must bring their current student ID card/valid form of ID **AND** ticket to the dance. **There will be no ticket sales at the door.**
- Guest must enter and exit the dance with their Mount Si High School / SVSD Resident host student.
- Guest must be a sophomore in high school and no older than 20 years old. Guests who have graduated from high school or not enrolled in a program will need to go through a police background check.
- The Mount Si High School /SVSD Resident student is responsible for the behavior and demeanor of their guest while at the dance.
- Failure to abide by ALL school rules will result in removal of both the Mount Si High School / SVSD Resident Student and their guest, along with any disciplinary actions under Policy 3241 and Procedure 3241P for the Mount Si High School / SVSD Resident student and a direct communication with the administration of the Guest's school/program and/or the Police.

☐ **Senior Mount Si High School Student** ☐ **Senior SVSD Resident at:** ☐ **Two Rivers**

Name: _____ Grade: _____ Student ID #: _____

I will abide by Mount Si High School's rules, regulations and requests of the adults supervising/chaperoning the dance. I will also be responsible for the actions/behaviors of my guest.

_____
(MSHS Student Signature)

I approve of my student's request to bring a guest to the dance and have read and agree to the terms stated above. In the event of an emergency, I also agree to take full responsibility of my student's guest.

_____
(Print – Parent / Guardian Name)

_____
(Parent / Guardian Signature)

Guests who are currently enrolled in a high school (other than Mount Si):

(Turn over for Guests not enrolled in a high school)

Name: _____ Grade: _____ School: _____

Birthday: _____ Age: _____ Guest Phone #: _____

Do you have a life-threatening medical condition: ☐ Yes ☐ No

- If you marked "Yes", it is your responsibility to communicate your medical condition/need, especially if you self-carry rescue medication.

Parent/Guardian Contact Name: _____ Parent/Guardian Contact Phone#: _____

As a guest, I agree to abide by Mount Si High School's rules, regulations and the requests of the adults supervising/chaperoning the dance.

☐ I have attached a copy of my current student ID/valid form of ID

_____
(Guest Signature)

I approve of my child to attend a dance at Mount Si High School and have read and agree to the terms stated above.

_____
(Print – Parent / Guardian Name)

_____
(Parent / Guardian Signature)

The guest named below has an acceptable behavior record, is eligible to attend events at our school, and is therefore eligible for this Mount Si High School dance.

Admin Signature: _____ An Administrator's business card is attached.

Guests who have completed / not enrolled in a High School and under 20 years of age:

Legal First Name _____ MI _____ Legal Last Name _____

Date of Birth (mm/dd/yyyy) _____ Gender _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Full name as it appears on Photo ID _____

ID Number _____ Expiration _____

Must include a photocopy of the ID

Disclosure Statement

Please answer YES or NO to each listed item. If the answer is YES to any item, provide an explanation on a separate piece of paper and provided: indicate the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. The Snoqualmie Valley School District may inquire of state and federal law enforcement or other agencies and examine court or agency records regarding any criminal history and civil adjudications. Any falsification, omission, deliberate misrepresentation, or failure to complete any part of this form is grounds for rejection as a guest to this dance. The District reserves the right to reject any applicant for any legitimate, nondiscriminatory reason. Decisions about approval status are made on a case-by-case basis. Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

1. ☐ **NO** ☐ **YES** Have you ever been convicted of a crime? You must include any and all criminal convictions. The term "convicted means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contender, an Alford plea, stipulation to the facts, a differed or suspended sentence, or a deferred prosecution.
2. ☐ **NO** ☐ **YES** Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by the Dept. of Social and Health Services (DSHS) or the Dept. of Health (DOH) that you have not challenged or appealed.
3. ☐ **NO** ☐ **YES** Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges?
4. ☐ **NO** ☐ **YES** Other than any matter listed above, are there any facts or circumstances involving you or your background that would call into question the district entrusting you with the supervision, guidance, and care of it students?

I hereby authorize and consent to the Snoqualmie Valley School District ("District"), its agents and employees, to inquire into and undertake whatever background check of me that the District, in its sole discretion, deems appropriate to determine my fitness as a guest to the dance at Mount Si High School. I understand that inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 – WATCH report), interviews with people acquainted with me, employers, or references. I understand the information will be kept confidential to the extent permitted by law, but the District, as a public entity, is subject to the State Public Records Act, RCW 42.56 et seq and the exemptions provided there under, as amended. I release and hold harmless the District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if the District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve me a guest to the dance at Mount Si High School.

Signature _____ Date: _____