FULTON COUNTY SCHOOLS

INNOVATION ACADEMY

Innovation Academy Homecoming Guest Application

This application must be signed and checked **BEFORE** ticket purchase.
Turn in to Mr. White in paper copy form in the main office and you will receive email approval.

Innovation Academy Student Information

Name: (print) _____

School ID#: _____ Grade_____

Guest Information

Name: (print) _____**Grade:** _____

Guest's School: _____ **Fulton ID#:**_____

Parent/Guardian Name and Phone Number: _____

A PHOTOCOPY OF THE GUEST'S STUDENT ID OR GOVERNMENT IDENTIFICATION MUST BE ATTACHED TO THIS APPLICATION

By signing, we acknowledge that we understand that everyone who attends at Innovation Academy activity is required to follow ALL rules of Innovation Academy. We also understand and acknowledge that any violation of a rule of Innovation Academy will result in removal from the event and possible administrative or police action.

_____ _____

Guest Parent Signature **Guest Signature**

ϒ Student is in **good standing** at school and should be allowed to attend Innovation Academy's dance.

School Administrator's Name:_____Date:_____

School and Position: _____ Contact Number _____

_____

Guest's School Administration Signature
(Only sign if student is in good standing)

Note: No guest allowed above a freshman in college or 19 years old. All guests must have their student ID that matches this application to enter the dance.

DUE Wednesday, OCTOBER 21 by 4:15pm to the main office.
NO FORMS MAY BE SENT OVER EMAIL.