

GUEST FORM
(Out of district only)
Mount Olive High School
Snowland Fantasy Dance
Saturday, December 5th at 7:00pm

Name of Guest _____

Telephone _____

Name of School Guest Attends: _____

Name of Mount Olive Student _____

Telephone _____

We understand that the Mount Olive Board of Education Policies and Regulations apply to Mount Olive High School students and their guests at the dance. Failure to abide by the rules will result in removal of the students and/or guests, as well as disciplinary consequences for the Mount Olive student. Consumption of alcoholic beverages/drugs will not be permitted. Students and their guest who arrive at the dance under the influence of alcohol/drugs will not be permitted and will be turned over to the local police. The district policy of zero tolerance for alcohol/drugs will be strictly enforced. You must return this form when purchasing dance tickets.

Signature of Mount Olive Student

Signature of Guest

Signature of Mount Olive Parent

Signature of Guest's Parent

To be completed by school administration of the Guest

The above named student has been invited by a Mount Olive High School student to attend Snowland. Please complete the following so we may know more about the guest. **Please return this to the guest or fax to 973-927-2217 attention Melissa Grossberndt, Student Council Advisor.** Thank you for your assistance.

What is this person's status at your school? Current student _____ Graduate _____ Former student _____

If a current student, is he/she in good standing at your school? Yes _____ No _____

If a former student or graduate, what year did he/she last attend your school? _____

If your school had a special event tonight, would you allow this person to attend? Yes _____ No _____

Does he/she have a record of violence and/or use of weapons on your school property? Yes _____ No _____

Do you know of any reason why this person should be excluded as a guest to our dance? Yes _____ No _____

If yes to either of the last two questions, please explain more specifically on the reverse side.

Name of School

School Telephone

Your name (printed)

Your Signature

Title

Date