



# H. B. PLANT HIGH SCHOOL - GUEST APPLICATION HOMECOMING DANCE, December 9, 2023 7:30PM to 10:30PM at Plant High School

**COMPLETED form is due to the Student Affairs Office by 3:30PM on Friday, December 1<sup>st</sup>, 2023.  
INCOMPLETE Forms will NOT be processed.**

*Student will be notified via Canvas message when form has been approved or declined.*

## REQUIREMENTS:

- ☐ Guest must be approved **PRIOR** to purchase of guest ticket.
- ☐ Guest must be **high school age**, 19 years of age or younger. **Copy of guest's photo ID must accompany this application.**
- ☐ Ticket is non-transferable to any **GUEST** other than the one listed below.

## PLANT HIGH SCHOOL STUDENT INFORMATION:

☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

PHS STUDENT NAME (not nickname): \_\_\_\_\_

STUDENT # \_\_\_\_\_ 1<sup>st</sup> PERIOD TEACHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Parent HOME PHONE#: \_\_\_\_\_ Parent CELL PHONE#: \_\_\_\_\_

PARENT/GUARDIAN NAME (Print): \_\_\_\_\_

I am fully aware of my responsibility for making certain that the guest named below understands and complies with Plant High School rules and expectations of behavior for a function of this nature. I also understand that I could be held responsible for the actions of the guest and may be held accountable for any infraction.

\_\_\_\_\_  
PHS Student Signature

\_\_\_\_\_  
PHS Parent/Guardian Signature

## GUEST INFORMATION & STATEMENTS

GUEST NAME (not nickname): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ (Submit copy of photo ID which verifies birthdate.)

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME (Print): \_\_\_\_\_

Parent HOME PHONE#: \_\_\_\_\_ Parent CELL PHONE#: \_\_\_\_\_

I, the guest named above, hereby agree to abide by all rules and regulations established by the Hillsborough County Public Schools and H. B. Plant High School. Failure to do so will be grounds for my removal from the event and could jeopardize my Plant escort's opportunity to attend future school activities of this nature.

Should a representative of H. B. Plant High School determine that my child (guest listed above) is in possession of or may be under the influence of alcohol or any other controlled substance, s/he will be required to leave the activity. In that, I understand that I will be notified and be required to provide my child transportation home. Additionally, I understand that my child's school will be informed of the incident.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Guest's Parent Signature

ATTENDS SCHOOL ☐ YES ☐ NO If yes, SCHOOL NAME: \_\_\_\_\_

*If you attend high school, the administrator at your school that handles student discipline must sign this form for approval.*

I certify that the above-named GUEST is a student in good standing regarding discipline and attendance at my school.

Assistant Principal Name \_\_\_\_\_

Assistant Principal Signature \_\_\_\_\_ DATE \_\_\_\_\_

## Student Affairs Use Only

☐ Approved ☐ Declined Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_