

H. B PLANT HIGH SCHOOL - GUEST APPLICATION
PROM - ~~Pantherilla~~, March 29, 2025, at the Glazer JCC (522 N. Howard Ave., Tpa.)

Required if your guest is a PHS freshman or sophomore, or if guest does not attend PHS.

COMPLETED form is due to the Student Affairs Office by 3:00PM on Friday, March 14, 2025.
Student will be notified via Canvas message when form has been approved or declined.

REQUIREMENTS:

- ☐ Guest must be approved **PRIOR** to purchase of 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

PHS STUDENT NAME (*not nickname*): _____

STUDENT # _____ 1st 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 School District of Hillsborough County 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's Student Signature

Guest's Parent Signature

ATTENDS SCHOOL ☐ YES ☐ NO If yes, SCHOOL NAME: _____

If you attend high school, you must have the administrator at your school handles student discipline 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 Administrator Signature: _____ Date: _____