## Heritage High School Homecoming Guest Registration Contract Dance is at HHS Saturday, October 6, 2018

I agree to supply completely and truthfully the information below. I understand that the Heritage High School Administration has the right to verify this form. I also understand that Heritage High School has the right to refuse admittance of my guest to the dance.

The following rules apply:

- 1. I must return this completed contract by 3:00 p.m. on **Tuesday, October 2, 2018** to the Activities Office. If my **guest does not attend high school, I will provide a copy of my guest's valid ID**.
- 2. My guest is not over the <u>age of 20</u> and is not a <u>middle school student</u>. My guest is my responsibility. If she/he is asked to leave, I will also be asked to leave.
- 3. All students and their guests, regardless of age, will be held accountable to Littleton Public School District policies regarding alcohol, drugs, tobacco, and behavior.
- 4. My parent's signature below indicates their knowledge of my Homecoming dance date and the expectations outlined in this contract.
- 5. I will bring my current HHS ID and my guest will bring a current ID to the dance.
- 6. You may only bring one guest **AND** you must enter and leave the dance with your guest.

HHS Student must complete this section	Guest currently attending high school must complete this section
HHS Student Name (printed) Grade	Guest's Name (printed) Grade
HHS Student ID Number	Guest's School Name and Guest's School ID Number
HHS Student I affirm that all information on this form is correct and that HHS administration may verify this information. I have read this form, and I agree to abide by the rules listed above. Making false statements on this form may result in disciplinary action.	Student Guest I have read the rules regarding my attendance and this HHS event. I understand that as a guest I must abide by the same rules and standards to which all HHS students follow. I know that making false statements on this form may be cause for HHS administrations to refuse my admittance to the event.
Student Signature	Guest's Signature
HHS Student's Parent/Guardian I am aware that my son/daughter is bringing a guest to this HHS event. I have read the rules on this form, and understand that my son/daughter is responsible for the behavior of their guest.	Guest's School Administration I affirm that the information on this form regarding the student guest is correct and that this student is in good standing at this school. I recommend that this student be allowed to attend this HHS event.
Parent's Name (printed)	Guest's School Administrator Name (printed)
Possible Classic and	Guest School Administrator Signature Phone Number
Parent's Signature	Guest's Parent I am aware that my son/daughter is attending this HHS event as a guest. I understand that he/she must adhere to all HHS and LPS rules and standards.
	Guest's Parent's Name (printed)
	Guest's Parent Signature
	Guest's Parent's Contact Number
Complete this section if guest has graduated or no longer attends high school (guest must be no older than 20 - no middle school students)	
Guest's Driver's License/State ID # Guest Emergency	y Contact Name (printed) Guest Emergency Contact Relationship
Guest's College or Place of Employment  Guest's Emergency Contact Number	
I have read the rules regarding my attendance to this HHS event. I understand that as a guest I must abide by all HHS and LPS rules and standards.	
Guest Name (printed)	Guest Signature