

Circle One: Approved | Denied

## HIGH SCHOOL EVENT Non-Springs Guest Pass

**Revised Nov 2017** 

In order for any student not enrolled with Springs Charter Schools (SCS) to participate in an SCS sponsored event, this form MUST be completed and turned in with original signatures no later than the due date listed below.

<b>Event Name</b>	Event Location		Event Date/Time	Guest Pass Due	
Prom 2020	Eagle Glen Country Club, Coro	ona, CA 5/	/1/20   7:00pm-10:00pm	4/3/20 at 3pm	
CRITERIA FOR PARTICIPATION (initial to acknowledge/agree):					
The guest MUST be grade appropriate (9-12) and 19 years of age or younger.			The guest MUST adhere to all Springs Charter Schools' rules and regulations while at the dance.		
	The guest MUST be in "good standing" at their home high school and/or place of employment.		The guest MUST enter and leave the dance with the Springs High student.		
(school ID or driver's lice	The guest MUST provide copy or current photo ID (school ID or driver's license) with completed form and present same form of ID to enter event.		Former students who have had significant discipline or attendance issues while attending Springs or any other schools may be excluded from the event.		
Any disruption of Springs events, including dances, such as fighting or criminal offenses can result in the arrest of any involved students/ guests. Any guest who violates any school rules will be barred from attending any future Springs dances or activities. Additionally, the Springs host student will not be permitted to invite another guest to any school dance or activity for the remainder of the school year.					
SPRINGS CHARTER SCHOOL	S HOST STUDENT INFORMATION	<b>ON</b> - PLEASE PRIN	NT CLEARLY		
Student Name:		Grade:	Program:		
	bove student, understand and ack t this event and that guest's poor b Signature:	• .	· · ·	_	
GUEST INFORMATION - PLEA	ASE PRINT CLEARLY				
Guest Student's Name:		School of	School of Attendance: Grade/Age:		
In signing this form, I give permission for my child to attend this Springs Charter Schools event.					
Parent/Guardian Name:	Signature:	Date:	Emergency N	ame/Phone #:	
GUEST'S HIGH SCHOOL ADMINISTRATOR (for current high school students) - PLEASE PRINT CLEARLY					
I acknowledge that the above-named student guest has an acceptable behavior record, is eligible to attend events/dances at our school, and is therefore eligible to attend this Springs Charter Schools event. I further acknowledge that the above info is true/correct to the best of my knowledge.					
School Name:	ol Name:		Administrator's Email/Phone #:		
Administrator's Name/Department:		Administi	Administrator's Signature:		
Springs Charter Schools reserves the right to exclude/remove anyone prior to/during the dance at the discretion of SCS Staff/authorities. In the event this occurs, refunds WILL NOT be issued.  FOR SPRINGS CHARTER SCHOOLS ADMINISTRATOR USE ONLY:					

Signature:

Date: