



Sylvania High School Prom Guest Permission Form

Sylvania Student Information:

By signing below, I acknowledge that I am responsible for my guest. I understand all school rules and assume the responsibility of informing my guest of all rules and expectations.

Name of Sylvania Student

Signature of Sylvania Student

Grade

Parent/Guardian Signature

Guest Information:

Name

Date of Birth and Age

Home Address

Parent/Guardian Name

Parent/Guardian Contact Number

Medical Info/Allergies

School

To Be Completed by Guest's School Administrator

*By signing below, I am verifying that the above student is in **good standing** and I would **recommend** he/she be admitted to the Sylvania Prom.*

Name of Administrator

Signature of Administrator

School Title

School Phone Number