



**Shrine Catholic High School
Outside Student Application for Dances**

In order to be considered for entry at our dances, all outside students who do not attend Shrine Catholic High School are required to complete this application with the appropriate signatures. Those guests not presently attending a High School must include a photo copy of their driver's license in lieu of an administrator's signature. **Must be turned in by 3pm Friday before Dance.**

- No middle school students are allowed to attend any Shrine Catholic High School dance
- Guests 21 or older are not permitted. Proof of age will be required
- Tickets may not be purchased until this application is completed, and a Shrine Catholic High School Administrator grants approval for the Guest.
- **Picture I.D. Required (Current School Year picture I.D.) to enter Dance and Guest must enter dance with SHS student**

Shrine High School Student: _____ Grade: _____

Parent Names: _____ Parent Phone number: _____

SCHS Student Signature _____

SCHS Parent Signature _____

Student Guest Section: To be filled out by the non-Shrine student guest and their parent. Please print.

Guest Student Name: _____

Street Address: _____

Home Phone: _____ Parent Cell Phone: _____

Parent/Guardian Name(s): _____

High school currently attending: _____

I hereby give my son/daughter/ward permission to attend the **Shrine Catholic High School Dance**. I understand that my son/daughter/ward is obligated to observe all the policies of Shrine Catholic High School. Failure to comply may result in removal from the dance, parent/guardian notification and/or police notification.

Guest Parent/Guardian Signature: _____

Guest Student's Signature: _____

Guest Student's Administration Section: To be filled out by guest's school administrator.

If you have any concerns regarding the above named student, please contact the Assistant Principal/ Dean of Students at (249) 549-2925. Otherwise, please FAX this signed form back to **(248) 549-2953**.

Administrator's Signature: _____ Date: _____

SCHS Office Only: _____ Accepted _____ Declined Initialed: _____