Mount Si High School
Dance Guest Pass Request
Phone # 425-831-8100
FAX# 425-831-8222

MOUNT SI HIGH SCHOOL ADMINISTRATION RESERVES THE RIGHT TO REFUSE ADMITTANCE TO ANY DANCE GUEST.

- Guests must be in high school (no middle school students) or if graduated, under 21. No exceptions.
- Copy of guest’s Photo ID / Driver’s License / ASB card must be stapled to this form.
- All school rules apply.
- Mount Si students are responsible for their guest.
- One guest per Mount Si student.

COMPLETE THIS FORM, (including all necessary signatures) AND THEN PURCHASE TICKETS!

Please print clearly – if information is not legible, application will be denied.

I, __________________________________________, request permission to have __________________________________________ as a guest at the Mount Si High School dance on _______________________.

My guest is a (circle one below):

FRESHMAN SOPHOMORE JUNIOR SENIOR at ________________________ / or GRADUATED ________ School Name / or GRADUATED ________ School Name

Grad year

Regardless of age, the use of tobacco, drugs/mood altering substances, or alcohol are prohibited prior to and while in attendance at the dance. Guests MUST bring photo identification with them to the dance.

MOUNT SI HIGH SCHOOL STUDENT’S AGREEMENT:
I agree to be responsible for my guest’s actions and adherence to Mount Si High School rules.

Signature of MSHS Student __________________________________________ Signature of MSHS Parent __________________________________________

GUEST’S AGREEMENT:
As a guest at MSHS’s dance, I understand that I am under the jurisdiction of the school and must follow all school rules.

Signature of Guest Student __________________________________________

GUEST’S ADMINISTRATOR AUTHORIZATION (for high school guests)
The guest named above is in good standing and is recommended as a guest at Mount Si High School’s dance.

__________________________________________ (Please attach a copy of your business card here.)

Signature of Guest’s Administrator

Do not write below this line – to be completed Mount Si High School Administrator

Check one: _____ Application Approved ______ Application Denied

Administrator’s Signature: ____________________________ Date: ____________

Revised on 10/2/12