

**Principal**

Sonya Allen

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# Columbus High School Guest Permission Form 2024-25 SY

**DEADLINE FOR ACCEPTING FORMS IS THURSDAY PRIOR TO EVENT @ 4:00PM (NO EXCEPTIONS)**

**CIRCLE ONE \*\*\*\*HOMECOMING DANCE\*\*\*\*\*HOLIDAY SOCIAL\*\*\*\*\*SADIE HAWKINS DANCE\*\*\*\*\*PROM\*\*\*\***

This form must be filled out completely by the principal of your requested guest and signed by a CHS Administrator in order to bring that person to a CHS event. Only **ONE GUEST** is permitted for each CHS student attending the dance/event. ***This form must be submitted to Mr. Dupre’ and approved BEFORE a ticket is purchased for the guest. \*\*NOTE\*\*\* NO person may attend who is 21 years of age or older. \*\*NOTE\*\* Middle/Jr. High School students are not permitted to attend.***

**PLEASE INITIAL \_\_\_\_\_\_\_**

**\*\*CAR RIDERS MUST BE PICKED UP NO LATER THAN 15 MINUTES AFTER COMPLETION OF DANCE/EVENT\*\***

**CHS Student Name (PRINTED):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Grade: \_\_\_\_\_\_**

**Guest Name (PRINTED):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest Grade/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current School of Attendance:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal of Guest to complete the following:**

\_\_\_ Student is **recommended** to attend CHS dance/event

\_\_\_ Student is **not recommended** to attend CHS event (***please check If the student has any serious discipline issues***).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Guest Student Principal’s Signature)***

**Guest of student to complete the following:**

If student no longer attends high school; please provide two-character references with phone numbers below:

**Character Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Character Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**GUEST STUDENT INFORMATION**

***I will follow the CHS student code of conduct while attending the dance. I understand that I must provide a photo ID to be admitted to the event. If I fail to bring the ID, I will not be able to attend and a refund will not be issued.***

**Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest’s Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHS Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHS Student’s Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHS ADMINISTRATOR APPROVAL (Initials): Approved\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHS ADMINISTRATOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**