

# Prom and After Prom 2011 Guest Registration Form Chagrin Falls High School

Chagrin students wishing to bring a date, who does not currently attend CFHS, to a school-sponsored dance must submit this completed application for approval from the CFHS Administration *before purchasing tickets*.

**\*All guests will be subjected to a passive, non-invasive breath analysis prior to entering the event. The Chagrin Falls High School Administration has authorization to administer the use of a breath-test instrument for the purpose of determining if a student has consumed an alcoholic beverage. It is not necessary for the test to determine blood-alcohol level. Refusal to submit to the use of the testing instrument or a positive test will result in denial of admittance to the Prom & After Prom and police referral. Containers, bottles or backpacks will not be permitted into Prom or After Prom, and the contents of purses may be checked.**

## **CFHS Student Responsibility Statement**

I understand that I am subject to CFHS code of conduct disciplinary action based on my behavior and actions and /or the behavior and actions of my out of school guest.

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

\_\_\_\_\_  
CFHS Student's Signature

\_\_\_\_\_  
Date

## **Guest Information and Responsibility Statement**

**\*A guest must be in at least 9<sup>th</sup> grade and show picture ID at the door.**

I understand that I am subject to all CFHS rules and responsibilities. I furthermore understand that my CFHS escort is equally subject to disciplinary action based on my behavior and actions.

Guest Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Guest's Signature

\_\_\_\_\_  
Date

## **Guest Student's HS Administrative Affirmative**

**\*Required for all students currently in High School**

Guest's School: \_\_\_\_\_ School Phone: \_\_\_\_\_

By affixing my signature, I hereby attest that the student applying for out of school guest approval has maintained acceptable standards of behavior, and is enrolled in the grade level stated on this application.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

## **Age Verification for HS Graduates-Maximum Age of 20**

College/Military/Graduate \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## **After Prom Consent**

I do \_\_\_\_\_ do not \_\_\_\_\_ plan to attend After Prom from 12:00AM to 3:45AM on May 15th held in the Chagrin Falls Middle School.

I do \_\_\_\_\_ do not \_\_\_\_\_ have permission to be hypnotized as part of a Hypnotist's show at After Prom.

I understand that activities at After Prom will be supervised by the After Prom Parents Committee (APPC). I agree to hold harmless the Chagrin Falls School District and the APPC.

\_\_\_\_\_  
Guest Student Signature

\_\_\_\_\_  
Parent/Guardian Signature