NHS HOMECOMNG DANCE
25/26 GUEST PERMISSION FORM
DUE: 09/26/2025 BY 4:00 PM NO EXCEPTIONS!
BY COMPLETING THIS FORM, YOU ARE AWARE THAT ANY GUEST CAN BE DISMISSED, WITHOUT REFUND, FOR VIOLATION OF SCHOOL POLICIES

NHS STUDENT INFORMATION

NHS Student Name:_____

NHS Student Signature:_____

My son/daughter has permission to bring_____ as his/her guest to the Northside Homecoming Dance

Parent/Guardian Name:_____

Parent/Guardian Signature:_____

Contact Number:_____

GUEST INFORMATION

MUST BE CURRENTLY ENROLLED OR HAVE GRADUATED FROM HIGH SCHOOL

Name:_____ Birth date:_____(age 20 and under)

School Name:_____ Grade:_____

Guest's Parent Name:_____ Contact #:_____

Guest's Signature:_____

Guest's Parent/Guardian Signature:_____

GUEST'S SCHOOL INFORMATION

The "guest" listed above has been invited to Northside High School's Homecoming Dance. Your signature below indicates that the "guest" is in good standing at your school.

School Administrator's Name:_____ Position: _____

School Administrator's Signature:_____ Date:_____

Northside High School Information

NHS Administrator Signature:_____