

Prom Guest Permission Form

Lyman High School
Lyman High School **must be age 20 or younger**

EVENT: Prom **DATE:** April 1, 2017 **TIME:** 7:00-11:00 PM **WHERE:** Rosen Centre Hotel
DUE BY: Wed, March 29th

Lyman Student Information

Name: _____ Grade: _____

Student's Signature: _____

Student's Parent/Guardian Signature: _____

Parent's Phone#: _____

Guest Information

Name: _____ Birth Date: _____

School: _____ Grade: _____

Guest's Parent/Guardian Name: _____

Parent's Phone# _____

Home Address: _____

Guest's Signature: _____

(I will comply by Lyman High School Prom Procedures)

Guest's Parent/Guardian Signature: _____

(I give my son/daughter permission to attend Lyman High School Prom)

Guest's School Official Information

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

School Official's Name _____ Position: _____

(of Guest)

School Official's Signature: _____ Phone #: _____

(of Guest)

LHS Administrator Signature: _____

(Administrator approval needed if bringing a guest)

LHS Principal Signature: _____

(Principal approval needed if student does not attend high school)