PROM PERMISSION GUEST FORM

PAR ⁷	Γ1: About NHS Student & Event
1.	Your Name:
2.	Your Grade:
3.	What prom are you bringing your guest to?Junior PromSenior Prom
PAR ⁷	Γ2: About Guest
	Name of Guest:
2.	Emergency Contact for Guest: Name of Contact:
	Phone Number:
3.	Age of Guest:
4.	Guest's date of birth:
two sec their lie By con	ninistrator at their school. If your guest does not attend another school, complete the top ctions of this form. Instead of an administrator's signature, you must bring a copy of cense to Newburyport High School at least 48 hours <u>before</u> the event. Inpleting this section, you verify that the above named guest is a student at your and is a student in good standing.
Guest'	's School:
Admin	nistrator's signature / title:
Phone	#:
before	ompleted form must be returned to Newburyport High School at least 48 hours the Prom. If you would like to fax this form, please send it to NHS @ 978-465-4439 and to acrupi@newburyport.k12.ma.us OR mtesta@newburyport.k12.ma.us
Sincer	ely,
Mike 7	Гesta
	ate Principal
	aryport High School
mtesta	@newburyport.k12.ma.us