



### **Prom Permission Form**

A student who wishes to bring a guest to a dance who is not a Notre Dame High School student must submit this form to purchase a dance ticket. A photocopy of the guest's high school ID or driver's license must be attached to this form. Your signature indicates you have read, understand, and agree to all school rules and regulations.

**This form must be returned by May 18<sup>th</sup> or the guest will not be admitted – No exceptions. Guest tickets will not be available at the door!**

- Application is subject to approval by the ND administration and may be denied.
- No students under the age of 14 or over the age of 20 years old will be allowed admittance.
- Guests must show photo ID upon entry to the event.
- All those attending the dance will be subject to a breathalyzer test upon entry
- Students may not leave the dance before 10:15 PM.

Notre Dame Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Non-Notre Dame Guest's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

**Parent of ND Student – Please complete:**

My son/ daughter named above has my permission to attend Notre Dame Catholic High School's Prom on Friday, May 25<sup>th</sup> from 6:00 pm – 11:00 pm with \_\_\_\_\_, a non- Notre Dame student.

In the event that I need to be contacted, my home telephone number is (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_, and my cell phone number is (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.

**Parent/ Guardian Signature:** \_\_\_\_\_

**Parent of Guest** – Please complete (All student guests need parental permission regardless of age):

My son/daughter named above has my permission to accompany \_\_\_\_\_ to the Notre Dame Catholic High School's Prom on Friday, May 25<sup>th</sup> from 6:00 pm – 11:00 pm.

In the event that I need to be contacted, my home telephone number is (\_\_\_\_\_) - \_\_\_\_\_, and my cell phone number is (\_\_\_\_\_) - \_\_\_\_\_.

**Parent/ Guardian Signature:** \_\_\_\_\_

---

**Administer of Guest's School** – Please complete:

This student is currently enrolled and in good standing at \_\_\_\_\_  
(School Name)

Name of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Title: \_\_\_\_\_