



Dr. Devon Q. Horton
Superintendent

Tucker High School

5036 Lavista Road
Tucker, GA 30084
(678)874-3702



Dr. Eric Parker
Principal

A student requesting to bring a guest to the Tucker High School Prom who is NOT a THS student must complete and submit this form and the guest must be pre-approved before a ticket may be purchased. Ticket prices for outside guests are \$75.00.

THS Student Name: (Please Print) _____

THS Student Grade: (Circle One) 11th or 12th Homeroom Teacher: _____

Guidelines:

- 1. A copy of the guest's photo identification that includes the guest's date of birth MUST BE submitted with this form for the approval process.**
- 2. Guests must have photo identification to enter the venue on prom night.
- 3. Guests are expected to adhere to the guidelines established by DeKalb County School District as outlined in the student Code of Conduct and Discipline Handbook as well as policies that govern students at Tucker High School.
- 4. Guests may not have a criminal record or criminal charges pending.
- 5. Guests are the full responsibility of the student that attends Tucker High School.
- 6. Guests may not be over 20 years of age or attend middle school.

I understand that the administration may deny my request and may refuse entry to the prom if circumstances warrant. I also understand that failure to comply with DeKalb County School District guidelines will result in dismissal from the prom venue. I permit the Tucker High School administration and staff to take any actions necessary to maintain orderly conduct at this function. I WILL COMPLY WITH ALL GUIDELINES AS STATED ABOVE.

THS Student Signature: _____

THS Parent Signature: _____ Date: _____

Guest's Name (please print): _____ Guest's Date of Birth: _____

Guest's Signature: _____ Date: _____

Guest's Emergency Contact and Phone #: _____

Guest's Driver's License State and Number (if applicable): _____

Complete this portion if your guest is currently enrolled in school.

Name of the school and system: _____

School Administrator printed name and phone #: _____

Administrator's signature: _____ Date _____

Please indicate if the student is in good standing: Yes _____ No _____

Administrator: please return this form by fax to 678-874-3746 or email Tamaiko_Chappell@DeKalbschoolsga.org
