



**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 \$70.00.**

THS Student Name: (Please Print) \_\_\_\_\_

THS Student Grade: (Circle One) 11<sup>th</sup> or 12<sup>th</sup> 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 in order 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: \_\_\_\_\_

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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): \_\_\_\_\_

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**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 \_\_\_\_\_

Indicate if the student is in good standing: Yes \_\_\_\_\_ No \_\_\_\_\_

**Guest Administration; please return this form by fax to 678-874-3746 or email  
Nicole\_Bodiford@DeKalbschoolsga.org**

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