

GUEST FROM ANOTHER SCHOOL

Viera High School Homecoming Dance

Guest Application

In order to ensure safe dance festivities, we are asking all NON-VHS student guests to fill out and submit the form below. Students attending Adult Education and the Abeyance School are not eligible to attend. Middle school students are not permitted to attend nor anyone over the age of 19. There will be no refunds or guest substitutions for the dance. All guests must have a NON-VHS guest form turned in to attend the dance. **ONLY ONE GUEST FORM IS ALLOWED PER VIERA HS STUDENT.**

**This application is due to the front office
NO LATER THAN 3:45 P.M. ON TUESDAY, SEPTEMBER 26, 2023.
NON-VHS guest forms must be approved prior to purchase of ticket.
Last Day for guest ticket sales is Friday, September 29, 2023.**

<u>VHS Student</u>		
Name: (print) _____	ID#: _____	Grade: _____
Reason you are bringing this guest: _____		
Parent/Guardian Name: _____	Phone Number: _____	
<u>Guest</u>		
Name: (print) _____	Date of Birth: _____	Grade: _____
Student at: _____	ID#: _____	
Parent/Guardian Name: _____	Phone Number: _____	

By signing, we acknowledge that we understand that everyone who attends a Viera High School activity is required to follow ALL rules of Viera High School. We also understand and acknowledge that any violation of a rule of Viera High School will result in removal from the event and possible administrative or even police action.

Guest Parent/Guardian Signature

Guest Signature

Student is in **good standing** at school and has no major disciplinary infractions this year or previous years. He/she is recommended to be allowed to attend the dance at Viera High School. It is understood that any inappropriate actions on behalf of the student will be handled accordingly.

Guest School Administrator's Name: _____ **Date:** _____

Position: _____ Contact #: _____

Signature

(Only sign if student is in good standing)

Return form to the Viera High School front office to submit for approval.

FOR VHS USE ONLY:

PERMISSION TO ATTEND HOMECOMING DANCE IS:

Granted: _____ Denied: _____

Students and guests must be at the dance no later than 2 hours after doors open, or they will not be admitted. Students may not exit and re-enter the dance.

**ALL GUESTS MUST PRESENT A PICTURE ID FOR
ADMITTANCE INTO THE DANCE.**

**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
STUDENT PARTICIPATION IN DISTRICT AND NON-DISTRICT SPONSORED CLUBS, EVENTS, AND
ACTIVITIES**

Refer to school board policies 2430 and 5730 for District and Non-District Sponsored Criteria

Viera High School 10/7/2023
School Name Date

Student Name Student #: Grade

Activity/Event: Homecoming Dance
List activity/event

ON 10/07/23 - 7pm-11pm G. Torres
Date(s) and time of Event Adult Supervisor

LOCATION OF EVENT/ACTIVITY Viera High School

NATURE OF EVENT/ACTIVITY School Dance

Staff/Guests who will be present during event/activity Estimated about 1400 staff/guests total (estimated 30 staff members)

Parents should direct questions concerning the activity to the school office

Name G. Torres Telephone: (321) 632 - 1700 () -
Adult Supervisor (School Number) (Mobile Phone)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.
3. The parent or guardian and student understand that the school district, its officers, agents, or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity/Event..

☐ Granted ☐ Denied ☐ Granted with the following exceptions: _____
(Describe)

 Student Signature – Date
 (Optional for Elementary School)

 Parent/Guardian Signature– Date
 (Required for all)

Student Number: _____