

# Guest Form for Rockledge High School Homecoming

Radisson Resort at the Port

8701 Astronaut Blvd., Cape Canaveral, FL 32920

October 19, 2019

7:00 p.m. – 11:00 p.m.

In order to ensure safe Homecoming festivities, we may be asking to meet with anyone who does not attend Rockledge High School. If your date attends another school in Brevard County, this school form is sufficient. If your date is not a student enrolled in a Brevard County School, we may want to meet with your date to make sure he or she understands the rules and consequences. All school rules and consequences apply to anyone that attends school related functions, regardless of student status. If the guest has graduated from high school, he or he may be required to meet with an administrator. Students attending Adult Education and the Abeyance School are not eligible to attend. Guest's age cannot exceed 20 years. Middle School students are not permitted to attend. There will be no refunds or guest substitutions for Homecoming. All guests must present a photo ID (driver's license) at the door.

**ALL GUEST FORMS MUST BE SUBMITTED FOR APPROVAL BY October 4, 2019 to the Dean's Office.**

Rockledge High Student Name: \_\_\_\_\_

This letter is to verify that \_\_\_\_\_ is a student at \_\_\_\_\_ .  
(Guest Name) (Name of School)

This student is in good standing academically and has no major disciplinary infractions this year of previous years. He/she is recommended to be allowed to attend High school at Rockledge High School. It is understood that any inappropriate actions on behalf of the student will be handled accordingly and may have direct consequences for the Rockledge High student's graduation status.

Signed by Guest's School Official: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If the guest has graduated from high school or does not attend high school, he/she may be required to meet with an administrator.**

Guest Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Florida DMV Driver License Number: \_\_\_\_\_  
His/her legal Name: \_\_\_\_\_

## REQUIRED BY ALL:

Rockledge High School Parent Signature: \_\_\_\_\_  
Guest Parent Name: (Please print) \_\_\_\_\_  
Guest Parent Signature: \_\_\_\_\_  
Guest Parent Contact Number: \_\_\_\_\_

**Return form to administration of Rockledge High School for approval.**

Attendance Approval Granted \_\_\_\_\_ Denied \_\_\_\_\_

Bradley A. Merrill, Principal  
Mark W. Mullins, Ed.D., Superintendent  
Phone: (321) 636-3711 Fax: (321) 632-6064