



VHS PROM GUEST APPLICATION
MAY 19TH, 2018

NAME OF VHS STUDENT: _____

NAME OF GUEST: _____

GUEST AGE AS OF 5/19/2017: _____

GUEST DRIVER'S LISENCE NUMBER: _____

GUEST CELL/CONTACT PHONE NUMBER: _____

Circle which description best applies to your guest:

1. **Student attending another high school**—must be a guest of an eligible VHS student to attend. Student should have a letter or email from school administrator indicating eligibility to attend. (see below)
2. **Guest over 18 years of age**—Must be pre-approved by the Principal

Student Signatures

 VHS Student

 Student Guest

 Guest school of enrollment

This form must be signed by the guest student's administration or counseling office, or have a signed letter-head copy attached. The form may be faxed to (512)570-2305 or emailed to kristin.pryor@leanderisd.org.

Current School Authorization

I hereby attest that the following student is in good standing at our school and eligible to attend extracurricular functions.

Signed,

_____ contact # (_____) _____ - _____ ext. _____

(circle one) Principal, AP, Counselor, Guardian (only if student attends Home School)

Email _____