Dance Request

*Lancer Pride*



# Loyalsock Township High School

*Submit to Front Office*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Host & General Information** | | | | | | | | |
| Host Student’s Name: | Grade: | | | | | | Host Student Signature: | |
| Host Parent/Guardian’s Name: | Host Parent/Guardian Phone: | | | | | | Host Parent/Guardian Signature: | |
| Event: | | | | | | | Due Date: | |
| **Guest Information** | | | | | | | | |
| Guest’s Name: | Guest’s School: | | | | Guest’s Grade: | | Guest’s Signature: | |
| Guest’s Address:  Dance | | | | City: | | | | Zip Code: |
| State Driver’s License Number: | | | | Guest’s Date of Birth: | | | | |
| I certify that I am a student in good standing at the institution noted above.  I will abide by all rules, procedures and directions of any adult in a supervisory capacity while at the event held at and/or sponsored by Loyalsock Township High School. I understand that failure to do so will result in my being dismissed from the event and/or sanctions imposed on me by local law enforcement.  **I agree to provide photo identification at the entrance of the school dance.**  **Additionally, I Understand That Loyalsock Township High School**  **Will Run a Background Check On The Guest, if Guest is Not Enrolled in School.** | | | | | | | | |
| **Guest’s School & Parent Approval** | | | | | | | | |
| Name of Guest’s Parent/Guardian: | | Phone of Guest Parent/Guardian: | | | | Signature of Guest Parent/Guardian: | | |
|  | | Phone of Guest’s School: | | | | Signature of Guest’s School Administrator: | | |
| Approved: 🞎 Disapproved: 🞎  (Approval of Guest’s School Administrator) | | | Approved: 🞎 Disapproved: 🞎  (Approval of Loyalsock School Administrator) | | | | | |

**LOYALSOCK TOWNSHIP HIGH SCHOOL**

1801 Loyalsock Drive

Williamsport, PA 17701

(570) 326-3581 Phone

(570) 323-5303 Fax

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| **For Official Use Only:** |
| Additional Information/Notes: |