

West Holmes Out-of-School Guest Application-PLEASE TURN GUEST ID & \$20.00 WITH FORM

Junior/Senior Prom April 18, 2026

Submit to West Holmes Office by: April 10, 2026

West Holmes High School students wishing to bring a non-West Holmes student guest to the above West Holmes function must receive an approval from the West Holmes administration. This completed form must be submitted to the high school administration by the date stated above, ALONG WITH A PHOTOCOPY OF THE GUEST'S ID AND A \$20 FEE. The guest must also present a valid photo ID with birthdate when checking in to this school function. The guest also must complete the emergency medical form on the back of this page.

All West Holmes High School rules will be in effect at this function and are applicable to both our student and the guest. After entering the building, NO ONE will be permitted to leave the building and return. Please note that no underclassmen are permitted to attend. All guests must be under 21 years of age.

West Holmes School Student Information/Responsibility Statement

Name: _____ Grade: _____ Phone number: _____

Parents/Guardian Name: _____

I understand that I am subject to West Holmes High School's disciplinary action based on the behavior and action of myself and on the behavior and action of my out-of-school guest.

Student signature: _____ Date: _____

Parent/Guardian signature acknowledging understanding of responsibility.

Parent/Guardian Signature: _____ Date: _____

Non-West Holmes High School Student Information/Responsibility Statement

Name: _____ Age: _____ Phone number: _____

High School Attending/Attended: _____ Phone number: _____

Parents/Guardian Name: _____

I understand that I am subject to all West Holmes High School rules and responsibilities. I furthermore understand that my WHHS escort is equally subject to disciplinary actions based on my behavior and actions.

Student Signature:: _____ Date: _____

Non-West Holmes High School Student Parent Statement of Understanding

My son/daughter has my permission to participate in the function above. I understand that I am ultimately responsible for his/her actions and behaviors. I permit WHHS staff and administration to take any appropriate actions necessary to maintain orderly conduct at this function.

Parent/Guardian Signature: _____ Date: _____

Non-West Homes High School Student Principal Affirmation Statement

I hereby attest that the student applying for the out-of-school guest approval has maintained acceptable standards of behavior, attendance, and academic performance. **PLEASE SIGN BELOW ALONG WITH THE SCHOOL SEAL.**

Principal Signature:: _____ Date: _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Please be advised that those listed on this form are able to transport the student from the school as necessary.

Part 1 **OR** 2 MUST BE COMPLETED

Part 1—TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor to be called _____ Phone: _____
Dentist to be called _____ Phone: _____
Medical Specialist _____ Phone: _____
Local Hospital _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of the two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____
Address: _____

OR

Part 2—REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____
Address: _____

Additional Contact Information for those who have authority to make decision in an emergency situation involving this student:

Additional Contact: _____ Relationship to child: _____
Address: _____ Phone: _____

Additional Contact: _____ Relationship to child: _____
Address: _____ Phone: _____