



Guest Approval Form  
2019 Junior-Senior Prom – April 13, 2019

BHS STUDENT/PARENT

BHS STUDENT NAME	BHS STUDENT EMAIL ADDRESS	BHS CONTACT TEACHER and PERIOD to contact	
_____	_____	_____	
BHS PARENT SIGNATURE	_____		BHS PARENT PHONE NO
_____	_____		_____
GUEST NAME	GUEST EMAIL ADDRESS	DOB	GUEST PHONE NO
_____	_____	_____	_____
GUEST SCHOOL NAME	_____		GUEST SCHOOL PHONE NO
_____	_____		_____
GUEST CLASS OF	GUEST GRADUATED / WITHDREW (IF APPLICABLE)		
_____	<input type="checkbox"/> GRADUATED <input type="checkbox"/> WITHDRAW DATE: _____		

**You must have this form complete before tickets can be purchased. A copy of this faxed form (from approving school) must be approved by Mrs. Feiling and used at time of ticket purchase.**

GUEST STUDENT/PARENT

I acknowledge that I must follow all policies of the Spartanburg County School District Five and James F. Byrnes High School while in attendance at the Junior-Senior Prom. I recognize that James F. Byrnes High School administration reserves the right to deny any student or guest of any student from continued participation in the prom regardless of money paid. This form does not take the place of BHS student's Permission Form. Also, a quality copy of the guest's Driver's License and School ID must be presented when the ticket is purchased. Tickets will not be reimbursed should a student and/or guest be asked to leave. I understand that to be admitted I must present a picture ID in the form of a current school ID, state ID, driver's license, or other dated photo ID.

LIST ANY ALLERGIES: \_\_\_\_\_ EMERGENCY CONTACT NUMBER AT TIME OF PROM \_\_\_\_\_

I authorize the administration of the above named school to complete the following statement of good standing.

GUEST SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUEST PARENT SIGNATURE (If the guest is under age of 18, parent signature is required) \_\_\_\_\_ DATE \_\_\_\_\_

GUEST SCHOOL ADMINISTRATOR

(To be completed by Guest's School)

I certify that \_\_\_\_\_ is in good standing, or was in good standing at the time of withdrawal/graduation at \_\_\_\_\_ High School.

PRINCIPAL / ASSISTANT PRINCIPAL SIGNATURE \_\_\_\_\_ CONTACT NUMBER USED TO VERIFY \_\_\_\_\_

PRINTED NAME OF PRINCIPAL / ASSISTANT PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

A copy of this form should be **submitted by fax only** from approving school by Wednesday, March 27, 2019, to James F. Byrnes High School at 864-949-2362, to the attention of Mrs. Valerie Feiling, Assistant Principal.

PLEASE do not fax copies of student IDs and Driver's License as the quality is not useful for identification.

OFFICE USE:

CHECKED BY BHS ADMIN \_\_\_\_\_  APPROVED  DENIED STUDENT NOTIFIED ON \_\_\_\_\_  
ADMIN INITIALS DATE OF NOTIFICATION

CONTACT TEACHER \_\_\_\_\_