



Guest Approval Form
2020 Junior-Senior Prom – April 25, 2020

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 Tuesday, April 14, 2020, 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 May email Rhonda.Demumbreum@spart5.net

OFFICE USE:

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

CONTACT TEACHER _____