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# PROM 2022 GUEST PERMISSION FORM

## Due by Thursday, May 5, 2022

Northland HS Student's Name \_\_\_\_\_ NHS Student ID# \_\_\_\_\_

Event: **PROM**                      Date/Time of Event: Friday, May 6, 2022, 7:00 p.m. – 10:00 p.m.  
Location: Mozart's Event Space, 4784 N High St, Columbus, OH 43214

### Guest Information

Guest's Name \_\_\_\_\_ Age: \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian # \_\_\_\_\_

**The following rules of conduct must be observed:**

1. All permission forms are due no later than Thursday, May 5 for verification purposes. If a form cannot be verified, the guest cannot attend the activity.
2. Guests must present a valid photo ID along with a copy of this permission form (after it has been signed by an administrator). Guests must be under 21 years of age to attend this event.
3. Guests must be accompanied by a Northland student.
4. Inappropriate dancing is not permitted.
5. Semi-formal attire is required.
6. All attendees must depart by 10:15 p.m.

**Penalties for inappropriate behavior at school-sponsored activities:**

1. Students and guests are expected to obey the Columbus City Schools Code of Conduct for all school-sponsored activities.
  - Attendees who are deemed to be under the influence of an illegal substance will be detained and a parent or guardian will be contacted.
  - Serious infractions may result in police involvement.
2. Students and guests who violate the Code of Conduct at school activities will be removed from the event.
3. If there are any other problems, the Northland student and the guest will be removed from the dance.

**The following safety and administrative guidelines must be followed in order to attend this event:**

1. Tickets are refundable if you are unable to attend due to illness or if you are experiencing COVID-related symptoms. Please do not attend this event if you are sick, ill, or have been exposed to COVID-19.
2. A photographer will be available for pictures.

**I have read and understand the above rules of conduct.**

NHS Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guest Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Guest Student's Administrator Name & Signature                      Phone #                      Date

**\*\*Return this form to the Main Office or email it to [JELledge1185@columbus.k12.oh.us](mailto:JELledge1185@columbus.k12.oh.us)**