



Northland High School

1919 Northcliff Drive
Columbus, Ohio 43229
Phone: 614.365.5342
Fax: 614.365.6479
www.columbus.k12.oh.us

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

HOMECOMING GUEST PERMISSION FORM

Northland High School Student's Name _____ NHS Student ID# _____

Event: Homecoming Dance Date of Event: Friday, October 14, 2022 Time: 7:00 p.m. – 10:00 p.m.

Guest Information

Guest's Name _____ Age: _____

Current School (if applicable) _____

Parent/Guardian Name: _____ Parent/Guardian Phone # _____

The following rules of conduct must be observed:

1. All permission forms are due no later than October 12 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 and in Grade 9 or above to attend this activity.
3. Guests must be accompanied by a Northland High School student.
4. Inappropriate dancing is not permitted.
5. Business casual attire is required. (No sweat pants, shorts, flip flops, or athletic wear)
6. Guest must arrive and depart with Northland student.
7. Attendees must depart campus by 10:10 p.m. Pickup after 10:15 p.m. may result in exclusion from future events.

Penalties for Inappropriate Behavior at School-Sponsored Activities:

1. Students and guests are expected to obey the Code of Conduct for Columbus City Schools regarding 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 and subject to other disciplinary action.

I have read and understand the above rules of conduct:

NHS Student Name _____ Date _____

Guest Student Signature _____ Date _____

Guest Student Administrator Signature _____ Date _____

Guest Student Administrator Printed Name _____ Phone # _____

****Return this form to the main office or email to JJohnson5103@columbus.k12.oh.us**