NAPOLEON HIGH SCHOOL
GUEST APPLICATION TO ATTEND SCHOOL DANCE

Event: Homecoming
Date: Saturday, September 19, 2026

Location: 701 Briarheath Ave., Napoleon, OH 43535
Time: 7:00 pm - 10:00 pm

- ☐ ALL guests who do not attend Napoleon High School, or Four County Career Center as a Napoleon High School student, must have a Guest Application form submitted to the main school office by Wednesday, September 16, 2026. It is advisable to fill out the guest application before purchasing your ticket. No refunds will be given if a guest is denied after you've bought your ticket.
- ☐ Guests not who are not currently enrolled in high school must include a copy of a photo I.D. with the application in place of a guest school administrator approval.
- ☐ Failure to comply with school policies, code of conduct, or the directions of staff and chaperones may result in removal from the dance and/or appropriate disciplinary action. Any illegal activity may result in the involvement of law enforcement.
  A guest student must arrive and depart with the host student. The guest and host may not return once they leave.

********** TO BE COMPLETED BY NHS STUDENT AND PARENT **********

NHS Student Name: _____ Grade _____

NHS Student Home Phone # _____

My child has my permission to attend this event and must abide by all school rules. I understand that if my child chooses to take a non-NHS guest to this event, that my child's and/or guest's poor behavior could result in the removal of my child and guest from the event with possible disciplinary action if warranted.

NHS Parent/Guardian Name: _____ Signature _____ Date _____

********** TO BE COMPLETED BY GUEST AND GUEST PARENT **********

Guest Name: _____ Grade: _____ Age: _____ (must be under 21)

High School Attending (write "GRADUATED" if graduated from high school) _____

***** If you have graduated from high school, you must include a copy of a photo I.D. (driver's licence, state id, etc.) with the application in place of a guest school administrator signature.*****

Guest Parent/Guardian Name: _____ Emergency Phone Number: _____

I agree that my child will abide by all NHS rules and regulations:

Guest Parent/Guardian Signature: _____ Date: _____

********** TO BE COMPLETED BY GUEST STUDENT ADMINSTRATION **********

Please verify that the above named guest student is enrolled in your school and is a member in good standing.

Administrator Name: _____ Date: _____

Administrator Signature: _____ School Phone Number: _____

Application must be completed and submitted for approval by Wednesday, September 16, 2026. Completed forms may be returned to the NHS main office in person, faxed to the NHS main office at 419-599-8537, or scanned to brian.burden@napoleonareaschools.org.