

Cloverleaf High School  
8525 Friendsville Road Lodi, OH 44254  
(330) 948-2500 (330)302-0328 FAX – 330-302-0530

**Out of School Guest Application**

Cloverleaf High School Function: Homecoming      Date/Time/Location: Saturday, October 13<sup>th</sup>, 2018 / 7:00 –10:00 pm

Cloverleaf High School (CHS) students wishing to bring one non-CHS student date to the above CHS Function must receive approval from CHS Administration. This completed form must be submitted to the CHS Administration by, October 1<sup>st</sup>, 2018 @ 2:35 for approval.

Students must be currently enrolled in high school or have graduated from Cloverleaf High School, no older than 20 years of age, in good standing. Graduates from other schools are not permitted to attend Prom. All CHS rules will be in effect at this function and are applicable to both the CHS student and their guest.

After entering the building no one will be allowed to leave the building and re-enter.

**Guests will be asked to provide picture identification at the event.**

**No hats will be permitted at Prom!**

\*No guest will be admitted without prior approval.

**CHS STUDENT ESCORT INFORMATION/RESPONSIBILITY STATEMENT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent name: \_\_\_\_\_ Parent Phone number: \_\_\_\_\_

I understand that I am subject to CHS disciplinary action based on the behavior and actions of myself and based on the behavior and actions of my out-of-school guest.

Student Signature (CHS) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature acknowledging understanding of responsibility:

Signed (parent) \_\_\_\_\_ Date: \_\_\_\_\_

**NON-CHS STUDENT INFORMATION/RESPONSIBILITY STATEMENT (Guest)**

Name: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

High School attending/graduated from: \_\_\_\_\_ School Phone: \_\_\_\_\_

I understand that I am subject to all CHS and Cloverleaf Local Schools' rules and responsibilities. I furthermore understand that my CHS escort is equally subject to disciplinary actions based on my behavior and actions.

Student Signature (Guest) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**NON-CHS STUDENT PRINCIPAL AFFIRMATION STATEMENT AND SCHOOL SEAL**

I hereby attest that the student applying for out-of-school guest approval:

\_\_\_\_\_ is a currently enrolled and has maintained acceptable standards of behavior, attendance, and academic performance.

**or**

\_\_\_\_\_ has graduated in good standing from Cloverleaf High School and is not over the age of 20.

**Affix School Seal Here**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(NON-CHS STUDENT SCHOOL PRINCIPAL)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DEADLINE: Submit to H.S. Office by: Monday, October 1st @ 2:35 pm**

**(Tickets, for guest, may not be purchased without this form completed.)**

Tickets go on sale Monday, September 24<sup>th</sup> – Wednesday, October 10<sup>th</sup> 2018

Ticket purchase: Go to: "ONLINE COLT SHOP"