



# Dance Guest Form

Sacred Heart Catholic School  
106 N. St. Joseph, Morrilton, AR 72110  
[www.sacredheartmorrilton.org](http://www.sacredheartmorrilton.org) | 501.354.8113



Sacred Heart Catholic School students wishing to escort one (1) non-SH student guest to the Sacred Heart Catholic School function must receive approval from the Sacred Heart Catholic School Administration. **No visitor applications will be accepted at the door.**

All Sacred Heart Catholic School rules will be in effect at this function and are applicable to both our students and the guest. No students will be admitted after the designated time. After entering the dance, no students will be permitted to leave the dance and re-enter at a later time. All departures are final. **Guests and escorts must have a picture ID to enter.**

Violations of the Sacred Heart Catholic School student code of conduct or behavior will result in immediate removal from the premises and will be subject to further disciplinary action. Forgery or falsification of this form will result in denial of dance attendance and additional disciplinary action.

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## SACRED HEART CATHOLIC SCHOOL STUDENT INFORMATION

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
(Print)

I understand that I am subject to Sacred Heart Catholic School School disciplinary action based on the behavior and actions of myself and the actions of my non- Sacred Heart Catholic School student guest.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## GUEST'S INFORMATION/RESPONSIBILITY STATEMENT

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Current High School/College \_\_\_\_\_

I understand that I am subject to all Sacred Heart Catholic School rules, dress code policies, and responsibilities. I understand that my Sacred Heart Catholic School School student escort will be equally subject to disciplinary actions based upon my behavior and actions.

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

My son/daughter has my permission to participate in the function listed above. I understand that I am ultimately responsible for his/her actions and behaviors. I permit Sacred Heart Catholic School staff and administration to take any actions necessary to maintain orderly conduct at this function.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PRINCIPAL AFFIRMATION STATEMENT FOR GUEST STUDENT CURRENTLY IN HIGH SCHOOL

By affixing my signature, I hereby attest that the student applying for out-of-school guest approval has maintained acceptable standards of behavior, attendance, and academic performance.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_ phone # \_\_\_\_\_

**(PRINCIPAL: Please email a signed copy of this form to [jroscoe@sacredheartmorrilton.org](mailto:jroscoe@sacredheartmorrilton.org) from your work email address)**