



James Madison Preparatory School Dance Guest Pass

All students who wish to bring a non- James Madison Preparatory School student as a guest to JMPS dances must complete this form and **return it to Mr. Grant for approval no later than 4 pm the day before the dance.** Incomplete or late forms **WILL NOT** be accepted. Unapproved forms **WILL NOT** be accepted at the door.

*****NO GUEST WILL BE ADMITTED TO THE DANCE WITHOUT THIS PRIOR APPROVED FORM!*****
Please Print

Name of James Madison Prep student: _____

Names of James Madison Prep student's parent/guardian: _____

Telephone number where parent/guardian contact may be reached: _____

Name of Guest: _____

Address of Guest: _____

Telephone number where **guest** parent/guardian contact may be reached: _____

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Complete either number 1 or number 2 (DO NOT COMPLETE BOTH):

1. I, _____ hereby attest that _____ is a student
Name of Guest Administrator *Name of Guest Student*
at _____ H.S. and is in good standing with no serious discipline issues.
Name of Guest High School

Signature of Guest's Administrator Phone _____

2. If the guest is not a high school student, he/she must present a photo I.D. at the door. The guest cannot be in middle school or younger or 21 years of age or older.

Signature of Guest

Signature of Guest's parent/guardian

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- I have read and understand the JMPS Handbook and agree to abide by it. My guest and I understand that dances are school-related events and that all school rules apply.
 - I understand that I will be responsible for the behavior of my guest and myself. If my guest behaves in such a way that would cause an existing student at JMPS to be disciplined, suspended, or expelled, I understand that I could be subject to the same consequences.
 - If either of us is asked to leave the dance, both of us must leave and we understand that we will not be allowed to re-enter the dance nor be entitled to a refund.

Signature of JMPS Student _____

Signature of JMPS Student's parent/guardian _____

James Madison Preparatory School Principal _____

Signature

Date Approved