

## Claymont High School

4205 Indian Hill Road • Uhrichsville, Ohio 44683 • Phone: (740) 922-3471 • Fax: (740) 922-1031

Amy Conn, Principal Kelsi Barnhart, Assistant Principal **EXCELLENCE IN EDUCATION** 

## **Guest Application for School Dance/Event**

Name of Claymont Stu	ident requesting to bring a gu	est (print)
Type of Dance/Event	Homecoming	
Date of Dance/Event	October 7, 2023	
FOI	RM MUST BE RETUR	NED TO THE MAIN OFFICE BY 10/4/23
have a copy of a r	oicture ID or a copy of the	Claymont student guest to the above Claymont Event must eir student page from their home school attached when nust be submitted to the Main office for approval.
		e event and must be followed by both the Claymont High School nitted to leave and return during the dance.
Anyone 20 years o	r older will be permitted	only after specific approval by the Principal.
** Prom only- Gues		nior regardless of what school district they are enrolled.
Date		
Name (print)		Age
High School current	ly attending	
Parent/Guardian sig	nature of responsibility	
		High School rules and responsibilities. I also understand that my actions based on my behavior during the event.
Signature of guest _		Date
		nt - Principal Affirmation Statement
I hereby attest that t	he student applying for gu	est approval has maintained acceptable standard of behavior,
and is in good stand	ling at	High School.
Principal Signature for visiting student		Date