

CHCCS DANCE MARATHON 2017

GUEST APPROVAL INFORMATION SHEET

Guests include any person who is not currently enrolled as a high school student in Chapel Hill Carrboro City Schools.

This form, along with a copy of the guest's current school identification or valid driver's license must be completed and returned to East Chapel Hill High School by **February 10, 2017**. Guests must be currently enrolled 9th-12th graders, high school graduates, or have obtained a GED. All guests must be under the age of 21. Only individuals not currently enrolled as a student at East Chapel Hill High School, Chapel Hill High School, or Carrboro High School must complete this form. **All guest registration forms & ID information may be faxed to ECHHS SGA Advisor Lauren Martin at (919) 969-2492 or forms may be submitted at the registration table in the sponsor's school.**

*** * * LATE REGISTRATION FORMS WILL NOT BE ACCEPTED * * ***
*****GUESTS WILL NOT BE APPROVED IF ALL INFORMATION IS NOT PROVIDED*****

This section to be completed by the CHCCS student who is seeking approval for his/her guest:

CHCCS Student's Name: _____ Grade Level: 9 10 11 12
(Print)

CHCCS Student's School: ECHHS CHHS CHS 1st Period Teacher:

By signing below I acknowledge that I am responsible for my guest. I understand all rules and assume the responsibility of informing my guest of all rules and expectations.

CHCCS Student's Signature: _____ Date:

Individuals Not Enrolled at Chapel Hill-Carrboro City Schools High School

An CHCCS High School student's receipt of this form indicates his/her intention to bring a guest that is not enrolled at one on of the CHCCS high schools to the Dance Marathon on Saturday, February 18, 2017. As a result, the CHCCS student will assume responsibility as the sponsor of the guest. In addition, the CHCCS student must submit this form with the required information by **February 11 at 4:00 PM**.

In addition to the requirement of completing and submitting this form to purchase a ticket for a person not enrolled at our school, both the CHCCS student and his/her guest must adhere to the requirements listed below on the night of the Dance Marathon.

1. All guests must present picture ID to staff at the check-in table upon their arrival to the Dance Marathon.
2. The guest and the CHCCS student must enter the Dance Marathon at the same time. **An individual who is not enrolled at a CHCCS school will not be admitted to the Dance Marathon alone. If the CHCCS "sponsor" is not present with the guest at the check-in table when the guest arrives, the guest will be required to wait for their "sponsor" to arrive.**
3. No Dance Marathon ticket is transferable. **Any discrepancies will lead to all individuals associated with this issue being dismissed from the Dance Marathon.**

TO BE COMPLETED BY THE GUEST:

Check One:	Current Status
	The guest is a student enrolled in another Public or Private High School in North Carolina.
	The guest is a student enrolled in another Public or Private High School in the United States.
	The guest is a student enrolled in or a graduate of a licensed Home School Program.
	The guest is a Graduate of a Public or Private High School with a High School Diploma.
	The guest is not a Graduate of a Public or Private High School, BUT has obtained a valid GED.
	The guest is not currently in school.

(All guests must complete this section)

Name: _____ Date of Birth: _____

_____ Last Name First Name MI

Telephone #: _____ Address: _____

_____ Street # City State Zip

Email: _____ Circle T-Shirt Size: S M L XL

By signing this form, I attest that I have read and understand the rules and regulations of CHCCS and agree to follow them during the event. I will observe and abide by the zero tolerance district policy regarding the possession and use of alcohol and controlled substances. I will follow the school's dress code, and observe guidelines regarding dance protocols. I will not hold ECHHS liable for any personal injury or stolen, lost, or damaged property. I also consent to hearing radio-edit songs and will not hold the DJ or ECHHS liable for exposure to any bad language.

Guest's Signature: _____

Emergency Contact's Name: _____ EC Number: _____

(Required for guests under 18 years old)

My son/daughter has permission to attend the CHCCS Dance Marathon 2017. I understand that he/she must abide by the stipulations stated above and that I will be required to come to the event to pick up my son/daughter should the East Chapel Hill High administrative staff deem it necessary.

Parent of Guest's Signature: _____ Printed Name: _____

(To be completed by the Principal or Administrator for a guest who is currently a student)

Name of the school: _____

School Telephone #: _____ Circle Current Grade Level: 9 10 11 12

By signing this form, you are verifying that the above information is accurate and that you would recommend that the individual named above should be allowed to attend the CHCCS Dance Marathon 2017. Please do not feel pressured to sign this form; if you have any reservations please contact Ms Lauren Martin, SGA Advisor at East Chapel Hill High School at (919) 969-2482 ext. 27260 or via email at lmartin@chccs.k12.nc.us.

Has this student been in any disciplinary trouble this year? If yes, please explain.

Administrator's Name: _____ Date:

Administrator's Signature: _____ Date:

A copy of a current photo ID (School ID, Driver's License or State ID card, etc.) should be attached and submitted with this form. Every guest must present their actual ID to gain entry to the event the night of the Dance Marathon. NO facsimiles or copies will be accepted at the event.