Osborne High School
Guest Approval Form
Homecoming Dance
Saturday, September 16th, 2023
Osborne High School Cafeteria
7 – 10 pm

• ALL parts of this form MUST be completed and returned by September 7th at 3:00 PM for a person who does NOT attend Osborne High School.
• A guest is defined as a student from another high school, a graduate, and/or a college student, etc. Middle school students MAY NOT attend Osborne dances. No guests will be allowed over the age of 20.
• Students from other schools will be expected to follow all Osborne (Cobb County) rules of conduct.
  * NO USE OF ALCOHOL OR DRUGS.
  * NO AGGRESSIVE BEHAVIOR
  * NO RE-ENTRY.
• Osborne students will be held responsible for the behavior of their guests.

Part I: To be completed by Osborne student

Name: ___________________________  Grade: ______________  ID #: ________________

My guest understands that he/she must follow all Osborne rules. I have explained to him/her the expectations for student behavior at school events.

Student Signature: ___________________________

Part II: To be completed by the guest

Name ___________________________  Age: __________

High School/College (if applicable) ____________________________________________

*Signature of Guest ____________________________

Guest’s School Administrator name (printed) ___________________________ contact phone # ____________________

**Signature of Guest’s School Administrator (denotes no administrative action that has resulted in OSS) ___________________________

*If the guest is not a high school student, the Osborne parent/guardian’s signature below acknowledges that they have approved the guest to attend the event with their child.
**My signature as a guest of the Osborne High School homecoming dance indicates my agreement to follow all rules and regulations of Osborne High School.

Part III: To be completed by parent/guardian of Osborne student

I, ___________________________ (please print) am aware that my son/daughter will be attending the homecoming dance with the above-named guest, and I give my consent. I understand that I will be contacted if any concerns arise.

Parent/Guardian Signature ____________________________

Phone number ____________________

Bring this completed form with you to Ms. Yeomans or Mrs. Dingle-Owens by September 8th at 3:00 PM.