

Name of Vice-Principal:

Signature of Vice-Principal: _

Holy Trinity Catholic Secondary School

Prom Guest Pass Application 2019

***This form is required for guests who are not currently Holy Trinity students. ***

In order to purchase a ticket for a guest who does not currently attend Holy Trinity, you and your guest must attend an interview with your Vice Principal before **April 25, 2019**. **This is a firm deadline**. Interviews may be booked in the main office beginning February 19th, 2019.

If an in-person meeting is not conducted by this date, this form will not be signed by the Vice Principal and a ticket will not be issued.

Bring this form to your interview and ensure it is completed by your parents and your guest's school **before** the meeting.

EXPECTATIONS OF BEHAVIOUR

Students attending our Prom are expected to be in compliance with the adult supervisors of the evening and expected to comply with the school and Provincial Code of Conduct and the guidelines established by staff for the evening. To that end, students attending must NOT be in possession of, or under the influence of alcohol or drugs. **They must present a student identification card at the door.** Students suspected of the above will be denied entry to the dance or may be asked to leave. The police may be contacted. A parent or guardian will be required to pick up their son or daughter immediately from the site. Both the guest and the Holy Trinity student will be asked to leave.

To be completed by student and guest after having reviewed the expectations above. By signing below, we agree to the conditions set above.

Name of Holy Trinity Student :	Signature:
Name of GUEST :	Signature:
Guest Home Address:	Telephone:
_ , ,	please let us know of any physical accommodations hair access that may be required
Guests who have already graduated from a seco	ndary school must be 21 years of age or younger on the date of Prom
have read the above expectations and understand expectations, they along with my child, will be dea	
Holy Trinity Parent Name:	Phone Number:
Signature:	
TO BE (COMPLETED BY THE GUEST'S
SCI	HOOL ADMINISTRATION
(Please attac	h a business card or school stamp)
The student, named above, is in good standing at	
	(name of school)
Name of Administrator:	Date:
Signature of Administrator:	
GUEST APPROVE	D BY HOLY TRINITY ADMINISTRATION