



# BREVARD HIGH SCHOOL

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## Transylvania County Schools

### Winter Semi-Formal Guest Request Form

Location of Dance: Brevard High School Old Gym

Time: 8:00 p.m. – 11:00 p.m. on Saturday, December 3, 2022

My guest and I understand that *all* BHS school rules, and guidelines for behavior, are strictly enforced at any extra-curricular event or school function. *Other guidelines, which apply to the dance, are as follows:*

1. Your guest must currently be enrolled in a high school or be a previous year (2022) high school graduate.
2. Only **one** guest will be allowed per BHS student. The guest must arrive and leave with the BHS student listed on this form.
3. Students are expressly responsible for their own actions and those of their guests. Guests are subject to the same rules as BHS students. **Absolutely no smoking, use of tobacco products, juuling or vaping, possession or consumption of alcoholic beverages or illegal substances of any kind will be allowed by students or their guests.**
4. Guests not currently enrolled in BHS will be considered on an individual basis only. **Any guest that does not attend BHS must be approved before purchasing tickets, including RHS and DRS students.**
5. Requests must be submitted to the front office of Brevard High School to be approved by the school administration and SRO Snipes by **3:00 pm on Friday, November 18th.**

By signing below, you agree to the terms outlined in this form for you and your guest.

#### BHS STUDENT INFORMATION

BHS Student Name \_\_\_\_\_ Grade \_\_\_\_\_

BHS Student (signature) \_\_\_\_\_

Parent Name of BHS Student \_\_\_\_\_ Parent's Signature \_\_\_\_\_

#### GUEST INFORMATION

Guest's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guest's Signature \_\_\_\_\_

Guest's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guest's Status (circle one):      High School      College      Active Military      Employed

Name of School/Branch of Service/Place of Employment \_\_\_\_\_

Name of School Administrator/Commanding Officer/Supervisor \_\_\_\_\_

Signature of School Administrator/Commanding Officer/Supervisor \_\_\_\_\_

Office Phone # of School Administrator/Commanding Officer/Supervisor \_\_\_\_\_

\*\*\**You must attach a copy of guest's photo ID to the back of this form before submitting to the BHS office.*

BHS ADMINISTRATOR USE ONLY:    Approved \_\_\_\_\_    Not Approved \_\_\_\_\_    Date \_\_\_\_\_