

# Homecoming Guest Information Form

CHS Student Name Printed: \_\_\_\_\_

Guest Name Printed: \_\_\_\_\_

School Enrolled/Affiliation: \_\_\_\_\_

Age on September 25, 2021 \_\_\_\_\_ (no guests may be over the age of 19)

By signing below I am acknowledging that I am aware of the Fulton County Schools', as well as Centennial High School's, behavior policy and Code of Conduct. I also understand that there will be consequences for failure to adhere to these policies during my attendance at this years' CHS Homecoming. The administration reserves the right to use reasonable means to discern if students and/or guests are under the influence of prohibited or controlled substances; including but not limited to a breathalyzer test.

Signature of CHS Student: \_\_\_\_\_

Signature of Guest: \_\_\_\_\_

Parent of  
CHS Student Signature: \_\_\_\_\_

Parent of CHS Student Printed Name: \_\_\_\_\_

Parent of CHS Student Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**For Guest's School Administrator:** This student would be allowed to attend a similar event at our school.

Administrator's Signature: \_\_\_\_\_

Administrator's Printed Name: \_\_\_\_\_

**Deadline to submit this form is Monday, September 20th, 2021 to Dr. Heath in Learning Commons. This form must be accompanied by a copy of the guest's picture ID which includes a birthdate.**