



LIBERTY NORTH HIGH SCHOOL STUDENT COUNCIL

1000 NE 104TH STREET
LIBERTY, MO 64068
FAX: 816.736.5535

ALL DANCE GUESTS MUST BE ENROLLED IN AT LEAST GRADE 9 AND MAY NOT BE OVER 20 YEARS OF AGE
GUEST REGISTRATION FORM
FOR A STUDENT WHO IS NOT A LIBERTY NORTH HIGH SCHOOL STUDENT
TO ATTEND THE LNHS PROM

LNHS STUDENT: If you wish to bring a guest to the 2019 LNHS Prom who is not a Liberty North student, you must complete and return this form. If your guest is a student at another school, he/she must give this form to an administrator at his/her school. **A school administrator must complete the bottom portion of this form and then scan/fax/email/return the completed form to Lindsey Plaster at LNHS no later than Friday, April 19, 2019. This includes any guest who attends Liberty High School.**

TO BE COMPLETED BY LNHS STUDENT:

LNHS Student's Name: _____

Guest Student's Name: _____

TO BE COMPLETED BY GUEST:

Guest Student's School (if applicable): _____

Guest Student's Emergency Contact: _____

Emergency Contact's Relationship to Guest Student: _____

Emergency Contact Phone Number: _____

Guest Student's Medical Information (asthma, known allergies, history of seizures, etc.): _____

TO BE COMPLETED BY AN ADMINISTRATOR FROM THE GUEST STUDENT'S SCHOOL

Administrator: A Liberty North High School student is requesting the above student from your school attend the 2019 LNHS Prom as a guest on Saturday, April 27, 2019. Please indicate, by signing below, that this student is currently in good standing at your building and should be allowed to attend a Liberty North High School dance. If you have a concern about the above student, please indicate this, as well. **Please scan/fax/email/return this form to Lindsey Plaster at LNHS by 4:00pm on Friday, April 19, 2019.**

Administrator Signature: _____

Administrator Comment (optional): _____

IF YOUR GUEST IS NOT ENROLLED IN A 9-12 SCHOOL (is homeschooled, has graduated, etc.):
Your guest must complete the middle section of this form and attach a photocopy of his/her driver's license or photo ID. Background checks will be run to determine approval for admission.

CONTACT LNHS STUCO ADVISOR, LINDSEY PLASTER, WITH QUESTIONS.
PHONE: 816.736.5500 EMAIL: LINDSEY.PLASTER@LPS53.ORG FAX: 816.736.5535
