Whitney High School

701 Wildcat Blvd. Rocklin, CA 95765 (916) 632-6500

Guest passes must be turned into the office by Wednesday the week of the dance no later than 1st break Dance – 7:00 pm to 10:00 pm	
WHS Administrator Approval:	
Applications must be turned into the Student Store	
Students bringing a guest to a Whitney High School Dance must abide by the f	ollowing regulations:
 Actions of a guest in violation of WHS policy will result in consequences on t All dances are a school-sponsored activity and school rules will be in effect. A under the influence of any controlled substance, as defined in Section 11032 any school sponsored activity shall be subject to immediate disciplinary activity shall be subject to immediate disciplinary activity. All students entering the dance will be checked by school personnel. All are s the event. Furthermore, any violation of the above policies will result in pare Guests must abide by WHS dance dress code according to the type of dance (do not attend high school must show a photo ID. Is and are also responsible for informing their guests of all WHS behavior expectations. he WHS student host. Any student who has unlawfully possessed, used, sold, or otherwise furnished, or been of the Health and Safety Code, alcoholic beverage, or intoxicant of any kind at school or on that may result in suspension and/or expulsion. subject to having their belongings searched and a breathalyzer test at any time during ent notification of your actions and your money will not be refunded. (casual, semi-formal, or formal). gainst the district or the State of California for injury, illness, or death occurring during
Whitney High School Student Information	
Student Name:	Student ID #:
Grade Level:	Home phone:
Parent/Guardian Signature:	
Guest Information	
Name:	
Address:	
School of Attendance:	
School Address:	
Parent/Guardian Name:	
Insurance Plan:	
Family Physician:	Physician Phone #:
"I will abide by all of the Whitney High School rules and regulation."	
Guest Signature:	
In case of emergency please contact be reached, I hereby authorize a representative of the school to make such arr hospital care, including necessary transportation. I further authorize the phys considers necessary. I authorize medical and/or hospital care and treatment the hereby agrees to bear all costs incurred as a result of the foregoing.	angements, as they consider necessary for my child to receive medical or sician named above to undertake such care and treatment of my child, as s/he

Guest Parent/Guardian Signature:

Administrator of Guest's School

"I acknowledge the guest has an acceptable behavior record and is eligible to attend dances/events at our school and is therefore eligible for the Whitney High School event."

Administrator Signature:

Please attach a copy of business card here.