

**ACADEMY OF ARTS, CAREERS AND TECHNOLOGY HIGH SCHOOL**  
**FORMAL DANCE GUEST PASS OR ACTIVITY APPLICATION & AGREEMENT**  
**A COPY OF GUEST'S PHOTO ID MUST ACCOMPANY THIS APPLICATION**

AACT High School  
380 Edison Way  
Reno, Nevada 89521  
775-327-3920 FAX-775-861-4415

All guests are subject to approval by School Police and the Principal. If a student has any discipline violations while in high school, they must interview with the Principal or Assistant Principal otherwise their application will be denied. They must also abide by the following:

- This form is due in the Administration Office no later than the Wednesday before the dance by 3:00 p.m. **NO EXCEPTIONS.** (The completed form can also be faxed to the AACT's fax number 775-861-4415, attention Anita Bader)
- **A copy of a photo ID must accompany this application.**
- Students and guests must bring ID's to be admitted to the dance.
- Guests must be 18 years or younger (the day of the event) and must be a current student in the Washoe County School District. Middle school students will not be allowed to attend.
- Students are allowed to bring only one guest.
- AACT students are responsible for making sure their guests follow all school rules, including dress code rules. Your signatures below indicate that you both understand and accept all rules related to conduct.
- Students must enter and leave with their guest.
- Students attending AACT dances or activities may face disciplinary consequences at their home schools if they violate AACT's rules.

**AACT High School Student Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_

I understand that my son or daughter will be taking a non-AACT student to this dance. I understand that this guest's compliance with AACT's rules are mandatory. I also understand that non-compliance by the guest could result in the suspension of **MY** son or daughter from high school.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Guest Information**

Guest's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
(Please Print)

Current School Name: \_\_\_\_\_ Previous School: \_\_\_\_\_

**Guest School Administrator**

I acknowledge that the aforementioned student has no prior suspensions related to drugs, alcohol, violence or insubordination. With confidence, I can recommend this student to attend a dance or activity at AACT High School.

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

**(Please attach your business card)**

**Date:** \_\_\_\_\_