MAYFIELD HIGH SCHOOL GUEST PERMISSION SLIP (440)995-6910 Office (440) 995-6805 Fax

M.H.S. Student's Name:	
	Parent Cell Phone Number:
Parent Signature of Mayfield Stude	
I hereby request that the following	rson be my guest at the Mayfield High School Dance.
Guest's Name:	Age
(Last)	(First) (Must be under the age of 21)
Address:	
Student Cell Phone:	Parent Cell Phone:
If currently attending high school, l	name, location and phone number:
If a high school graduate, li	name of school and graduation year:
	and location:
	and phone number of employer:
 Only one guest will be allow Guest applications must be purchase of a ticket. NO EX not need signatures from the 	observe the school rules (behavior, dress code, leaving early). I per student and the host MHS student must purchase the ticket. gned by the guest's high school administrator for approval prior to the PTIONS WILL BE MADE & THERE ARE NO REFUNDS! College students do college. must provide a copy of their picture ID or driver's license before admission
	Date:
Contact/Telephone	mber(required)
To Be Completed by a Mayfield Ac	(Signature)
Action taken: Approved: D	

Revised 3/14/2022