



Guest Dance Application

International Academy West
1630 Bogie Lake Road, White Lake, MI 48383
Phone: 248-676-2735 fax: 248-676-2734

This completed form must be turned in to the main office three days prior to the date of the dance. Failure to return on time a fully completed form will result in the guest not being able to attend the dance.

IA West Student: You are responsible for providing this form to your guest. IA will not fax or send the form.

International Academy West Student and Parent Responsibility Statement:

As an International Academy student, I fully understand that all school rules apply to my guest and I take the responsibility of informing my guest of these rules.

_____	_____	_____
Name of IA West Student	Signature of IA West Student	Date
	_____	_____
	Signature of IA Parent	Date

With the approval and submission of this form, the guest will be added to the official list and, upon providing identification, will be permitted to purchase a ticket and enter the dance. IA has the right to deny any guest pass form. All administrators' decisions are final. Any guest not following policies or behaving inappropriately will be asked to leave, along with the IA student.

*This section is to be completed by the **Guest***

As a guest of International Academy West, I realize that I am required to abide by all policies and expectations. I understand that failure to do so will result in my exclusion from this dance and any future events.

_____	_____	_____
Name of Guest	Date of Birth	Driver's License #
_____	_____	_____
Street Address	City, State, Zip	Grade
_____	_____	_____
Emergency Contact Name	Emergency Contact Phone #	
_____	_____	
Guest Signature	Date	

*This section is to be completed by an administrator at the **guest high school**.*

Please fax this to IA West at 248-676-2734 or email to jmilani@bloomfield.org.

As an administrator of the school named above, I verify that the student named as Guest is a student in good standing at our school and that the guest information is correct to the best of my knowledge. If you have any concerns regarding this student, please call the IA West Associate Principal at 248-676-2735.

_____	_____	_____
Printed Name of Guest School Administrator	Title/Position	School
_____	_____	_____
Signature of Guest School Administrator	Phone	Date