



Mead High School
302 W Hastings Rd., Spokane
509 465-7000 Fax 465-7020

2019-20 MEAD HIGH SCHOOL DANCE EXPECTATION CONTRACT

Non MHS dates must be in at least 9th grade and no older than 20 years old. In order to bring a guest to a dance at MHS, the following must be completed.

The MHS student must return this completed form to the office two days prior to the dance. For non-Mead students a copy of the guest's driver's license or student I.D. card must be copied and attached with this form. Copy must be legible. This form must be turned in prior to purchasing tickets. **Students must have valid photo I.D. to enter the dance.**

Name of MHS Student: _____

Non -MHS Students only		
Full Name of Guest:	_____	
Guest Date of Birth:	_____	
Guest's School if Applicable:	_____	
Age of Guest: _____	Grade: _____	Date of Dance: _____
The guest must get a signature from an administrator at his/her current school. If the guest is not currently enrolled in high school, skip to the Code of Conduct below.		
We affirm that _____ is currently a student in good standing at our school.		
_____ GUEST ADMINISTRATOR (Print)	_____ GUEST ADMINISTRATOR SIGNATURE	_____ PHONE

Code of Conduct for ALL Attendees to the dance!

As an attendee at a MHS dance, I agree to follow all rules listed in the school handbook. These rules include but are not limited to the following:

- | | |
|-------------------------------------|--|
| <i>No alcohol, drugs or tobacco</i> | <i>No inappropriate dancing (Front to front or back to front grinding)</i> |
| <i>No swearing</i> | <i>Clothing must follow school dress code</i> |

I/we have read the above code of conduct. I/we agree to be responsible for our actions. I/we will be proactive and report any violations of the rules as soon as I am aware. Students not abiding by this code of conduct will be asked to leave the dance and may lose the opportunity to attend any future dances. Discipline may follow.

Date/Guest Signature: _____ Date: _____

Date/Guest Parent/Guardian Signature: _____ Date: _____

MHS Student Signature: _____ Date: _____

MHS Parent/Guardian Signature: _____ Date: _____

THIS DOCUMENT REQUIRES A MINIMUM OF FOUR (4) SIGNATURES TO BE ACCEPTED!

NON MHS GUESTS WILL BE SUBJECT TO A WASHINGTON STATE PATROL BACKGROUND SEARCH.

Approved / Not Approved

MHS Administrator _____ Date: _____