

Waterford Mott High School

Outside Student Application for Dances

PICTURE I.D REQUIRED TO ENTER DANCE



Mott High School Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Mott High School Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

In order to be considered for entry at our dance, all outside students who do not regularly attend Mott High School are required to complete this application and have an administrator from their school sign and email it to Eric Alamat, [AlamaE01@wsdmi.org](mailto:AlamaE01@wsdmi.org) or fax it to 248-674-2825. Applications must be in by **noon on Friday, September 26**. Thank you for your cooperation.

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**GUEST STUDENTS SECTION (To be filled out by the non-WMHS Student)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

I hereby give my son/daughter permission to attend the Mott Homecoming Dance, which will be held at Mott High School on **Saturday, October 4th from 7:00pm to 10:00pm (doors open at 6:30)**. I understand that my son/daughter is obligated to observe all policies of Mott High School and failure to comply with our school policies will result in removal from the dance without compensation. In any issue of alcohol or substance abuse, the police will be contacted. Any issue involving police action will result in communication with the home school and parents. Mott High School will assume no legal responsibility for non- attending students.

Guest Student's Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**GUEST STUDENT'S HIGH SCHOOL ADMINISTRATOR SECTION**

If you have any concerns regarding the above named student, please contact Waterford Mott High School at 248-674-4134. Otherwise, please FAX this form to 248-674-2825 with your signature. Thank you.

Guest Student's Administrator Name & Title: \_\_\_\_\_

School Name: \_\_\_\_\_

Guest Students Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MOTT ADMINISTRATOR APPROVAL:** \_\_\_\_\_