

Smithville High School  
645 S. Commercial Ave  
Smithville, MO 64089  
Phone: 816-532-0405, Fax 816-532-4193  
Dr. Tracy Platt, Principal  
Asst. Principals: Dr. Rachael Marchetti,  
Monica Leary, and Taylor Middleton

# SMITHVILLE

## School District

*Tradition of Excellence*

### Guest Permission for School Event

- > Guests will not be allowed to attend the event if this form is not completed and received by the Wednesday before the event.
- > All attendees must provide a SCHOOL ID or VALID DRIVER'S LICENSE at the door.
- > All guests must be at least a Freshman in high school, and no older than 20 years of age.
- > It is the responsibility of the SHS student to make sure this form is completed and returned by the deadline. Return to the main office in person, by Fax, or email to [vennerad@smithville.k12.mo.us](mailto:vennerad@smithville.k12.mo.us)

Event: Prom Event Date: 5/7/22 - 8:00pm - 11:30pm

SHS Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

SHS Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Guest's School \*: \_\_\_\_\_ Guest's Age: \_\_\_\_\_

\* If your guest is not enrolled in a 9-12 school (is homeschooled, has graduated, etc) they must complete the middle section and provide a copy of their valid driver's license with form.

Guest's Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Number: \_\_\_\_\_

Guest Student's Medical Information (Asthma, known allergies, history of seizures, etc.): \_\_\_\_\_

I agree to obey all rules and regulations set forth by Smithville High School. \_\_\_\_\_  
Guest's signature

Guest Student Administrator: \_\_\_\_\_

Is the above named student currently in good standing? Yes No

Do you recommend this student be permitted to attend this school event? Yes No

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SHS Administrator:

SHS Student has no grade below a D	Yes	No
SHS Student has good attendance	Yes	No
SHS Student is approved to bring a guest	Yes	No