

ROSWELL HIGH SCHOOL

11595 King Road
Roswell, GA 30075
470-254-4500
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Assistant Principals
Josh Martin
Tonekia Phairr
Sal Zarzana
Celeste Moore

Principal
Dr. Robert Shaw

Homecoming/Prom Guest Information Form

RHS Student Name: _____

Date's Name: _____

School Enrolled/Affiliation: _____

Age: _____ (no guests may be over the age of 20)

By signing below I am acknowledging that I am aware of the Fulton County Schools', as well as Roswell High School's, behavior policy and Code of Conduct. I also understand that there will be consequences for failure to adhere to these policies during my attendance at this years' RHS Homecoming. The administration reserves the right to use reasonable means to discern if students and/or guests are under the influence of prohibited or controlled substances; including but not limited to a breathalyzer test. In addition, please note that students who have undergone tribunal with RHS are not allowed to attend homecoming/prom.

Name of Guest: _____

Signature of Guest: _____

Parent of RHS Student Signature: _____

Parent of RHS Student Printed Name: _____

****This form must be accompanied by a copy of your picture ID
OR SIGNED BELOW BY PARENT OF GUEST if no ID available***

***Please turn in completed form with copy of the guest's picture ID at the time of purchase
in order to receive your tickets.***