



High School Student Guest Dance Pass Permission Form

All students who do not attend the Indiana Academy for Science, Mathematics and Humanities (IASMH), in order to be considered for a guest pass to a school dance, are required to have an administrator from their high school complete this application and **fax, scan, or mail** it to Bridger Fetters, Associate Director of Residential and Student Affairs at 765-285-2778 (blfeters@bsu.edu) by **Monday, April 29th, 2024**. This form may also be mailed directly to the Academy. **ALL GUESTS MUST BE UNDER 21 YEARS OF AGE AND BE AT LEAST 15 YEARS OF AGE AT THE TIME OF THE DANCE.**

Indiana Academy Student: _____

Parent/Guardian of Indiana Academy Student Signature: _____

Parent/Guardian Phone Number: _____

Guest Student Section (Must be filled out completely):

Guest Name: _____ **Grade:** _____

Street Address: _____ **Birth Date:** _____

City: _____ **State:** _____ **Zip:** _____

Parent Name: _____ **Home Phone:** _____

Emergency Contact Name (Printed): _____

Relation (e.g. parent, friend, etc): _____ **Phone #:** _____

- I understand that by attending the IASMH dance that I must observe and abide by all the IASMH rules. Failure to comply with the school policies will result in removal from the dance, possible university police involvement, and denied guest privileges for all future dances.
- I authorize IASMH to conduct a background reference check from my high school.

Guest Student Signature: _____ **Guest Cell Phone #:** _____

Parent/Guardian of Guest Signature: _____

Administrative Section (to be filled out by principal or similar representative of school where guest is currently enrolled):

If guest attends college, their academic advisor must fill out this section. No guest pass will be issued to any student that has not completed this part of the application.

*Your signature below verifies that the above named student is enrolled in your high school and is in good standing. If you have concerns regarding the student please contact **Bridger Fetters at 765-285-8123.***

Administrator Signature: _____

Administrator Printed Name and Title: _____

Name of School: _____ **School Phone#:** _____

Comments: _____

FOR IASMH USE ONLY:

APPROVED:	DENIED:	DATE:
DIRECTOR SIGNATURE:		