



**Lake Oswego High School  
Prom 2024 May 11, 2024  
Guest Approval Form**

Approved

A student requesting to bring a guest who is not a Lake Oswego High School student **MUST** have this form filled out completely and have the guest school email/scan the completed approval form to [parrishb@loswego.k12.or.us](mailto:parrishb@loswego.k12.or.us)

**All completed approval forms are to be received by  
4:00 pm - Monday, May 6, 2024,  
and MUST be pre approved by an LOHS Administrator \*NO EXCEPTIONS\***

Guests must be at least a freshman in high school, and not over the age of 20. Guests must present a current photo identification card at the door the night of the dance, and have it available at all times. **Note: Lake Oswego High School reserves the right to deny entrance to any guest.**

**SECTION A - Lake Oswego High School Student**

Student Name (please print): \_\_\_\_\_ Current Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

My son/daughter named above has my permission to bring the guest (noted below) to the **LOHS 2024 Prom**  
**Time: 8-10pm | Location: The Redd on Salmon Street | Address: 831 SE Salmon St. Portland, OR 97214.**

LOHS Student Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION B - Guest Information**

Guest Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

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

Guest agreement: I am willing to abide by the rules and regulations of Lake Oswego High School. Failure to do so will result in my removal from the dance, and possible administrative action by the home school.

Guest Signature: \_\_\_\_\_

**SECTION C - Guest Parent/Guardian Information**

Guest Parent/Guardian Name (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Guest emergency contact name and number: \_\_\_\_\_  
(Please ensure this is a number at which you can be reached the night of the dance)

Parent/Guardian Signature: \_\_\_\_\_

**SECTION D - Guest High School Administrator**

The aforementioned student is in good standing at \_\_\_\_\_  
Guest High School

Administrator Name (please print)

Administrator Phone Number

Administrator please email completed forms to:  
[parrishb@loswego.k12.or.us](mailto:parrishb@loswego.k12.or.us)

Administrator Signature

Date