



# Dr. Phillips High School Homecoming Guest Application 2024

- **DUE DATE: Friday, September 6**
- **Please allow 48 hours for review**
- Must be in high school
- DPHS student and guest will receive email confirmation. **Please check your student gmail!**
- Turn in to Building 23 (Mrs. Fleming)
- DPHS Students are responsible for Guest behavior
- Please print legibly

To be completed by **Dr. Phillips student**

Full Name \_\_\_\_\_

Student # \_\_\_\_\_

Circle Grade    9    10    11    12

**Does the guest attend a traditional high school?**

If yes...

If no...(they are Homeschooled or FLVS/OCVS, choose this option)

**Attach copy of SCHOOL ID to form**

FULL NAME: \_\_\_\_\_

STUDENT #: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT SCHOOL EMAIL ADDRESS: \_\_\_\_\_

GUEST STUDENT HIGH SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**Attach copy of GOVERNMENT ID to form**

FULL NAME: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

DRIVERS LICENSE# or PASSPORT#: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NOW GIVE TO GUEST'S SCHOOL ADMINISTRATION TO COMPLETE:

**Student is in good standing with at least 2.0 Unweighted GPA, no OSS this year, no more than 7 unexcused class periods in Q1, AND completed Student Code of Conduct.**

ADMINISTRATOR NAME: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_

ADMINISTRATOR EMAIL AND IP NUMBER: \_\_\_\_\_

DR. PHILLIPS HS STUDENT SIGNATURE: \_\_\_\_\_

GUEST SIGNATURE: \_\_\_\_\_

**YOU ARE DONE! TURN THIS, ATTACHED COPIES AND PERMISSION SLIP IN TO BUILDING 23 (MRS. FLEMING) before or after school or during lunch. FORMS WILL NOT BE ACCEPTED DURING CLASS!**