



# FREEDOM HIGH SCHOOL

2500 Taft-Vineland Road  
Orlando, FL 32837  
407-816-5600

Mr. Charles France  
Principal

*HONOR EXCELLENCE TRADITION*

## Freedom High School Homecoming Guest Application

Due to Ms. Brown (Room 612) or Mrs. Beovich (Room 608) no later than October 1st, 2026.

Fax: 407-816-5616 Attn: Erin Brown & Samantha Beovich

### Freedom High School Student

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason you are bringing this guest: \_\_\_\_\_

### Guest

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Guest's School: \_\_\_\_\_

Guest's Driver License #: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**A PHOTOCOPY OF THE GUEST'S LICENSE OR SOME FORM OF PICTURE IDENTIFICATION WITH PROOF OF D.O.B. MUST BE ATTACHED TO THIS APPLICATION. Guests must be age 19 or under on October 17th, 2026.**

**\*\*\*\*\*FREEDOM ADMINISTRATION RESERVES THE RIGHT TO DENY ANY APPLICATION\*\*\*\*\***

By signing, we acknowledge that we understand that everyone who attends a Freedom High School activity is required to follow ALL rules of Freedom High School and Orange County Public Schools, and that any violation of a Freedom High School or OCPS rule will result in removal from the event, possible administrative action, and/or police action.

\_\_\_\_\_  
Freedom High School Student's Signature

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

\_\_\_\_\_  
Freedom High School Student's Parent Signature

\_\_\_\_\_  
Guest's Parent Signature

\_\_\_\_\_  
Guest's School Administrator Signature  
(sign only if student is in good standing)

**ALL STUDENTS MUST HAVE THEIR STUDENT ID'S**

### **FREEDOM ADMINISTRATIVE USE ONLY:**

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Approved

\_\_\_\_\_ Date Denied with reasons \_\_\_\_\_



# The School Board of Orange County, Florida

## ACKNOWLEDGMENT AND RELEASE

I, the undersigned, understand that this document is a WAIVER and RELEASE of any and all claims that I, my heirs, assigns, personal representatives, or next of kin, may have against The School Board of Orange County Florida (known as Orange County Public Schools), its employees, volunteers, and students, if my child or ward suffer any damages or injuries while participating in the recreational/social voluntary activity listed below. I understand and acknowledge that any medical condition, physical condition, and/or limitation my child or ward may have shall not impede his/her ability to participate in the activities of this event or agree to opt out of any portion of an activity of this event should any medical condition, physical condition, and/or limitation my child or ward may have that would impede his/her ability to participate. I assume, personally, all risks known and unknown, to include the risk of injury, permanent disability, and death while my child or ward is participating in this event.

On behalf of my child or ward, I herein, for him/her and his/her heirs, executors, assigns, personal representatives, and next of kin, waive, release, hold harmless and forever discharge any and all rights and claims that may arise against The School Board of Orange County Florida, its employees, volunteers, and students from any claims, disability, damages, death, loss, injuries, or damage to personal property that my child or ward may incur during his/her participation in the below referenced recreational/social voluntary activity. This hold harmless shall not apply to any claims, damages, losses, and expenses arising from The School Board of Orange County, Florida's sole gross negligence or intentional misconduct.

\_\_\_\_\_  
Student/ Participant's Name (PRINT)

\_\_\_\_\_  
OCPS Student Number (PRINT)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

"MAMMA MIA" HOMECOMING DANCE  
Purpose of Voluntary Activity on OCPS Property

FREEDOM HIGH SCHOOL  
Name of Orange County Public School/Location

OCTOBER 17TH, 2026  
Event Date

7:00-11:00pm  
Event Time

\*\*This form must be maintained for three (3) years by your department/school or Risk Management Department\*\*

Risk Management  
RBELC  
445 W. Amelia Street  
Orlando, FL 32811  
(407) 317-3296

[RiskManagement@ocps.net](mailto:RiskManagement@ocps.net)