AUGUSTUS R. JOHNSON





HEALTH SCIENCE & ENGINEERING MAGNET SCHOOL

 *"A National Magnet School of Distinction"*

 1324 Laney-Walker Boulevard Augusta, GA 30901

 Phone (706) 823-6933 Fax (706) 823-6933

**Mrs. Vicki Knox, Ed. S. Dr. Emily Driggers Ms. Frankie Wright, Ed.S.**

 *Assistant Principal* *Principal* *Assistant Principal*

**Guest Request Form**

A.R. Johnson Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level 11th or 12th (circle one)

 (Print)

Parent Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level 10th 11th or 12th (circle one)

 (Print)

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guests may not be over 19 years old.

All participants must be enrolled in an official academic program at the time of prom.

No middle school students or freshmen will be able to attend the prom.

All prom dresses and attire will need to be approved

I understand that I am expected to follow all of A.R. Johnson Magnet School and Richmond County Board of Education rules and regulations while a guest at the prom. I further understand that failure to follow all rules and regulations may lead to my removal from the prom.

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

Guest Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (School seal required)

A.R. Johnson Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.R. Johnson Student Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This form and copy of Guest ID must be returned by April 07, 2023.**

Dr. Emily Driggers

A. R. Johnson 1324 Laney Walker Blvd. Front Office