



# PROM DATE APPROVAL FORM

Proper attire and photo identification are required at the door. All Administrator, Employee, and Designee signatures will be verified. If we are unable to make contact with an Administrator, Employee, or Designee your form will be denied. Date fee is \$25.00. **Dates cannot be in Middle School or over the age of 20.**

**A. Information about ECHS Student**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

**B. Underclassman (ECHS) and or information about the guest who does not attend ECHS**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Name of School/Employer/College: \_\_\_\_\_

Contact Number of School/Employer/College: \_\_\_\_\_

**C. To be completed by Guest's High School Administrator or Guest's Employer (if not in school)**

Please indicate the status of this individual at your school or place of business. If you have any questions, please contact ECHS Principal at 912-754-6404. Forms may be faxed to 912-330-1617. You may also email the signed form to [aperez@effingham.k12.ga.us](mailto:aperez@effingham.k12.ga.us)

\_\_\_\_\_ This individual is in "good standing" at your school/place of employment

\_\_\_\_\_ This individual is not in "good standing" at your school/place of employment

\_\_\_\_\_ Please contact me at \_\_\_\_\_ regarding this individual.

\_\_\_\_\_  
Printed name of Administrator/Employee/Designee

\_\_\_\_\_  
Signature of Administrator/Employer/Designee

\_\_\_\_\_  
Date

**FOR ECHS STAFF / ADMINISTRATION USE ONLY:**

**Request Received:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Not Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_