2024-2025 F: 715-532-5405 School Year

Date of Dance:		

FOR ALL RETURNING 9TH-12TH GRADE STUDENTS

This form must be completed and returned to the office three school days prior to the date of the dance. The school district of residence for your guest must complete the form and fax it back to Flambeau High School prior to approval for your guest to attend the dance. Parental signature indicates that your parents are aware that

dance. Guests accompanying a c	urrent Flambeau High School Stude ed. All guests must be current high	e responsibility if a problem occurs at the ent will not be admitted to the event if this school students (grades 9-12) in good	
Name of Flambeau High School	student:		
Parent Name & Phone Number	Pare	ent Signature	
	ne understanding that they will follo abject to removal at any time. They and to local law enforcement.		
Guest Name (Print)	Sch	School Name	
Grade Age	Parent Name & Pl	none Number	
Guests are required to have the Flambeau High School at 715	heir principal complete and sign t -532-5405.	he form and fax back to the	
Principal: Please indicate below an event in our school, sign, and	•	ions regarding this student attending	
I support the request and expec	t you will have no issues with the st	udent listed above.	
I DO NOT support the request	for the student listed above.		
Principal Signature		Date	
Board of Educat	ion	Administration	
Ted Alberson, President Jennifer Heath, Vice President Linda Zimmer, Clerk	Brian Beardsley, Director Laura Dutter-Nelson, Director Doug Verdegan, Director	Erica Schley, District Administrator Betsy Miller, 4YK-5 Principal Sheri Kopka, 9-12 Principal	

Lana Nelson, Treasurer