

# MAPLES COLLEGIATE

## 2025 Safe Grad Guest Pass Request Form

### 2025 Safe Grad GUEST PASS

The following form must be completed in its entirety for anyone to be considered a guest for Maples Collegiate Dinner and Dance Celebration. Please be aware that school administration will make the final approval of all guest passes. There is a limit of one guest pass per student.

### SECTION 1 – MAPLES COLLEGIATE STUDENT HOST

I hereby request that the guest named below be permitted to attend the Maples Collegiate Dinner and Dance Celebration on Tuesday, June 24<sup>th</sup>, 2025 from 6:00 pm up to 1:00 am. **My guest is under the age of 21 and is in grade 10 or above.** My guest is a responsible person and will not cause problems during the grad celebration. If a problem should occur, I will be held fully responsible for my guest's actions. I understand that if my guest should act irresponsibly or disobey the rules of the school during the evening, my guest and I will be sent home. I understand that all school rules will apply, along with the Safe Grad regulations and laws, during the dinner and dance celebration.

\_\_\_\_\_  
Name of Maples Collegiate Student (Print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Signature of Maples Collegiate Student

\_\_\_\_\_  
Telephone Number

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

### SECTION 2 - GUEST

I understand that school rules, Safe Grad regulations and laws apply to this event for all participants. I accept full responsibility and will abide by the rules.

\_\_\_\_\_  
Name of Guest

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Parent Signature (if guest is under age 18)

- A photocopy of the guest's driver's license will need to accompany this form. If not applicable, a photocopy of a picture ID (School ID, Passport, etc.) is required to be submitted with this form.

### SECTION 3 – ADMINISTRATION FROM GUEST SCHOOL

☐ I believe the above named guest to be a responsible individual with a positive history at our school. It is my opinion that this individual will abide by the rules and expectations of the school.

☐ I have reservations about this student attending Maples Collegiate Dinner and Dance Celebration. Please contact me for more information.

**This form must be returned to Mrs. Delaronde (Maples Office) before Friday, June 13, 2025, and be approved prior to the purchase of tickets. Please complete the form and have your current school fax the completed forms to Maples Collegiate at 204-694-7229.**

**Guest Pass Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Maples Administrator Signature: \_\_\_\_\_**