



Buford High School
2015
Homecoming Dance Guest Form

Name of Buford Student _____ Grade _____

Guest Name _____ Grade _____

Name of School that Guest Attends _____

I certify that the above named student is in good standing and has had no significant discipline issues.

Signature of Administrator Date _____

Please return the completed form to Ms. Cole in room 210 by Thursday, October 15, 2015.

For Office Use Only: _____ Approved _____ Denied