

ROBINSON HIGH SCHOOL - GUEST APPLICATION

A Knight on the Nile, SEPT 27, 2025 @ Egypt Shrine Center of Tampa Bay

This COMPLETED form is due by Thursday, September 18, 2025 at 3:25 p.m. to Mrs. Kowalik in B-204. Once approved an extra ticket will appear on your My Payments Plus account.



REQUIREMENTS:

- ☐ Guest must be approved **PRIOR** to purchase of ticket, INCLUDING Robinson underclassmen who are invited guests.
- ☐ Guest must be **high school age**, 20 years of age or younger. **Copy of guest's photo ID must accompany this application.**
- ☐ Ticket is non-transferable to any **GUEST** other than the one listed below.

ROBINSON HIGH SCHOOL STUDENT INFORMATION: ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

RHS STUDENT NAME (*not nickname*): _____

STUDENT # _____

Parent HOME PHONE#: _____ Parent CELL PHONE#: _____

PARENT/GUARDIAN NAME (Print): _____

I am fully aware of my responsibility for making certain that the guest named below understands and complies with Robinson High School rules and expectations of behavior for a function of this nature. I also understand that I could be held responsible for the actions of the guest and may be held accountable for any infraction.

RHS Student Signature

RHS Parent/Guardian Signature

GUEST INFORMATION & STATEMENTS

☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

GUEST NAME (*not nickname*): _____

DATE OF BIRTH: _____ AGE: _____ (***Submit copy of photo ID which verifies birthdate.***)

ADDRESS: _____

PARENT/GUARDIAN NAME (Print): _____

Parent HOME PHONE#: _____ Parent CELL PHONE#: _____

I, the guest named above, hereby agree to abide by all rules and regulations established by the School District of Hillsborough County and Robinson High School. Failure to do so will be grounds for my removal from the event and could jeopardize my escort's opportunity to attend future school activities of this nature.

Should a representative of Robinson High School determine that my child (guest listed above) is in possession of or may be under the influence of alcohol or any other controlled substance, s/he will be required to leave the activity. In that, I understand that I will be notified and be required to provide my child transportation home. Additionally, I understand that my child's school will be informed of the incident and may issue disciplinary action.

Guest Signature

Guest's Parent Signature

ATTENDS SCHOOL ☐ YES ☐ NO

If yes, SCHOOL NAME: _____

If you attend high school, you must have the administrator at your school who handles student discipline sign this form for approval.

I certify that the above-named GUEST is a student in good standing regarding discipline and attendance at my school.

Assistant Principal Name _____

Assistant Principal Signature _____ DATE _____

Student Affairs Use Only

☐ Approved ☐ Declined Approval Signature: _____ Date: _____