Illini West High School

**Event: Homecoming Dance 2019 Dance Date: Sat., Sept. 21, 2019**

**School Dance Guest Information Sheet**

**Instructions:** A student requesting to bring a guest who is not an IW student must have this form completed and returned to the school no later than the Friday prior to the event. The minimum grade level for all guests is ninth grade and all guests must be under 21 years of age. Photo ID must be presented for admission.

**Student Bringing Guest:**

As an IW student, I understand that all IW rules apply at school functions. I will take full responsibility of my guest’s compliance to these rules. I understand that my guest must always have photo identification in his/her possession. I will inform my guest of these rules.

IW Student’s Printed Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

IW Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent of Student Bringing Guest:**

As a parent/guardian of the above named IW student, I find his/her guest to be responsible person, and I approve him/her as an acceptable guest at this IW event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Phone Number Date

**Guest Information:**

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the Principal/Administrator of the school this student attends, I verify that he/she is a student in good standing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator Title Date

**Non-high School Student Guest Reference:**

If guest is not a high school student, please list a contact for information/reference:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return form to the front office by Monday, September 16, 2019.**

**Fax: (217) 357-3569**