Central High School

Principal – Chris Testone
Assistant Principal – Kerri McCastland
Assistant Principal – Kim Lewis
Assistant Principal – Terry Stroh
Athletic Director – Steven Diversey

P.O. Box 68, 44W625 Plato Road, Burlington, Illinois 60109 847-464-6030 / 847-464-6039 fax
www.central301.net

Guest Pass Procedure

Directions:

A Central High School (CHS) student requesting to bring a friend who is not a CHS student must have this form *complete before purchasing a ticket* to the event. This form requires the signature of a dean or an administrator from the guest's school.
If the guest is not enrolled in another high school, a valid photo ID with proof of age must be presented at the dance.
No middle school students are allowed to attend a high school dance. No persons over the age of 20 will be permitted to attend the dance.
All students attending the dance are subject to their belongings being searched, their vehicle being searched, and a breathalyzer test.

Responsibility Statement:

As a CHS student, I understand that all Central High School policies apply to all school social functions. All guests are required to abide with the expectations of Central High School students. I will take responsibility to inform my guest and ensure full compliance of these policies. My guest must always have photo identification in his/her possession.

_____ _____ _____ _____
Printed Name of Student Grade Signature of CHS Student Date

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

_____ _____
Parent/Guardian Signature of CHS Student Date

Guest Information:

Name (printed): _____ Age: _____ Date of Birth: _____

Address: _____ City/State: _____

Home Phone: _____ Cell Phone: _____

High School: _____ High School Phone: _____

_____ _____ _____ _____
Signature of Guest Date Parent/Guardian Signature of Guest Date

********** **If guest is a current high school student please complete the following information** **********

As the administrator of _____, I verify that _____

is in good standing with District #_____.

_____ _____ _____
Signature of Administrator Title Date

**********If guest is not a current high school student please complete the following information**********

Employer or College Attending: _____ Employer or College Phone: _____

Driver's License Number: _____ or State ID Number: _____

High School attended: _____ Date of Graduation or Dates Attended: _____

FOR OFFICE USE ONLY

_____ _____ Approved Denied
CHS Administrator Signature Date *Circle*