SHG

Sacred Heart-Griffin High School
1200 W. Washington
Springfield, IL 62702
217-787-1595

**** Date of Dance****
Homecoming
Saturday, September 18, 2010

Date Information Request Form

THIS FORM NEEDS TO BE RETURNED PRIOR TO PURCHASING TICKET

Directions: A student requesting to bring a date who is not an **SHG** student must have this form completed and returned when purchasing their ticket. This form requires the signature of the principal or administrator of the guest's school. The minimum grade level for all guests is ninth grade, and all guests must be under the age of 21. *Photo ID's must be present at all events.*

As a **SHG** student, I understand that all **SHG** rules apply at school functions. **I will take full responsibility to inform and ensure my date's compliance to these rules and the dance directives**. The guest must always have photo identification in his/her possession.

_____
SHG Student (print)

_____ **9 10 11 12** _____
Signature of **SHG** Student Circle your grade in school Date

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

_____ _____ _____
Signature of **SHG** parent Phone Date

Guest Information

Name: _____

Age: _____ Date of Birth: _____ - _____ - _____ Phone: _____ - _____

Address: _____ City/State/Zip: _____

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

If above is not a high school student, please list a contact for details.
Contact: _____ Phone: _____- _____