

## St. Charles East High School Guest Pass Form



1020 Dunham Road St. Charles, IL 60174 Phone (331) 228-4000

Fax (331) 228-4001

Dance:	HOMECOMING 2017	Date of Dance: Saturday, October 14, 2017
equires the sign		nust have this form completed before tickets are purchased. This form ool. (*see below for college students.) <b>Guests must be at least a</b>
	tatement: As a STCE student, I understand that all STC sure full compliance of these rules by my guest. My gue	E rules apply at school social functions. I will take the responsibility st must always have a photo ID in his/her possession.
STCE studen	t information:	
Name of STC	E student (please print)	Date
Signature of S	TCE student	Date
Signature of S	TCE student's parent (indicates approval of guest listed	below) Date
Guest Inform	ation:	
Guest Name (	please print)	Date of Birth
Medical Conc	erns	Emergency Contact name & phone #
School that gu	est attends (*see below for college students)	City /State
so could result		STCE rules and expectations. I further understand that failure to do e a photo ID in my possession. (*Parent signature is not needed if
Signature of C	luest	Date
Parent Signatu	re of Guest (permission to release information)	Date
	trator of the above listed school, I verify that the studen ot needed if a college student or if guest is over 18 ar	named as a guest is a student in good standing. (*Administrator d not in school.)
Signature of A	Administrator Title	Phone #
*For college s	tudents or guests over 18 not in school	
Driver's Licer		
STCE student must present this completed form for approval to his/her Dean before purchasing tickets.		
Signature of S	TCE Dean	Date