

# CRYSTAL LAKE SOUTH HIGH SCHOOL

1200 S. McHenry Avenue \* Crystal Lake, IL 60014 \* (P) 815-455-3860 (F) 815-477-6907

Dean's Office

## DATE REQUEST FORM

**Directions:** A student requesting to bring a date who is not a CLS student must have this form completed and **returned three (3) days prior to the date of the dance.** This form requires the signature of the principal/administrator of the guest's school **AND** the guest's parent/guardian.

As a CLS student, I understand that all CLS rules apply at any school function. I am also aware that once my date and I leave the dance, we will not be allowed re-entry for any reason. I will take full responsibility to inform and ensure my date's compliance to these rules. **The guest must always have photo identification in his/her possession.**

\_\_\_\_\_  
CLS Student (please print)

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Signature of CLS Student

\_\_\_\_\_  
Date

**ALL GUESTS MUST HAVE PRE-PAID  
TICKET AND ID TO ENTER.**

### Guest Information (Please Print)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Guest Parent's Signature

As the Principal/Administrator of the above guest's school, I verify that he/she is currently in **GOOD STANDING.**

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

CLS Dean's Approval: \_\_\_\_\_