

# LAKE ZURICH HIGH SCHOOL

## DANCE GUEST APPROVAL FORM

**The Lake Zurich High School Administration reserves the right to refuse admittance of any student or guest to any high school sponsored dance.**

- A student requesting to bring a guest who is not a Lake Zurich High School Student must have this form completed and approved by the Dean's Office.
- Guests must be at least a freshman in high school and not over the age of 20.
- A photocopy of the guest's high school ID or state driver's license/state ID **MUST** be attached to this form.
- All guests must abide by LZHS Rules of Student Conduct.

**Guests must present a current photo ID at the door the night of the dance and have it available at all times, upon request.**

LZHS Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Guest Birth Date: \_\_\_\_\_

Guest Phone Number: \_\_\_\_\_

Guest Parent/Guardian or Emergency Contact Name: \_\_\_\_\_

Guest Parent/Guardian or Emergency Contact Phone Number: \_\_\_\_\_

School of Guest (If Applicable): \_\_\_\_\_

*To be completed by guest's school or place of employment (if not in school). Please attach a business card or stamp:*

**I confirm that the above-named guest is in good standing.**

Printed Name of School Official or Employer: \_\_\_\_\_

Signature of School Official or Employer: \_\_\_\_\_

Position: \_\_\_\_\_

I understand that all rules and regulations governing student contact remain in effect while I am at the dance. I further understand that I cannot be in possession of tobacco, alcohol, or drug products while at the dance. Otherwise, I will be dismissed from the dance and may be subject to legal action. My permission is granted to the supervising adult to allow him/her to take all necessary actions should an emergency arise. In case of accident or incident requiring medical attention, I give the supervisor permission to arrange for medical attention and I accept financial responsibility for the medical attention.

Signature of Guest: \_\_\_\_\_

Signature of Parent/Guardian of Guest: \_\_\_\_\_

Signature of LZHS Student: \_\_\_\_\_

Signature of Parent/Guardian of LZHS Student: \_\_\_\_\_

**\*\*TURN IN THE COMPLETED FORM TO THE DEANS' OFFICE NO LATER THAN 2 DAYS BEFORE END OF TICKET SALES\*\***