## Winchester High School

200 W. Cross St. Winchester, Illinois 62694 PH: 217-742-3151

FAX: 217-742-0311

## **Bluffs High School**

100 Rockwood Street Bluffs, IL 62621

PH: 217-754-3815 Fax: 217-754-3275

## PROM 2021 (Forms due Wednesday, May 5, 2021) DANCE GUEST PASS

A student requesting to bring a friend who does not attend Winchester/Bluffs High School must have this form completed. This form requires the signature of an administrator of the guest's school and identification of the guest. A student's guest cannot be over 20 years old, or a middle school or junior high school student. In addition, any individual currently serving an expulsion or suspension from a school district may not attend. In order for your guest to gain entrance to the Dance, this completed form must be presented to the school and he/she must have an ID with them before the guest will be allowed to enter.

As a WHS/BHS student I understand th of these rules.	at all school rules apply at the Dance. I will take resp	oonsibility to inform my (
Winchester/Bluffs Student (print)	Signature of Winchester/Bluffs Student	Date
As a parent/guardian of a WHS/BHS stu son/daughter and his/her guest will be e	udent, I understand that all school rules apply at the expected to abide by these rules.	Dance and that both my
WHS/BHS Student's Parent (print)	Signature of WHS/BHS Student's Parent	Date
WHS/BHS Student's Parent's Phone	Number	
ST AGREEMENT - Guest Stuc	lent procedures of Winchester/Bluffs High School. I under	erstand that failure to do
in my being removed from the Dance.		
Name of Guest (Print)	Signature of Guest	Date
Date of Birth		
Street Address	City Phone	
School guest attends		
If your guest is currently enrolled in a following information.	another high school, an administrator of that sch	ool must complete th
As an administrator of the above school	I, I verify that the student named as "Guest" is a stud	lent in good standing.
Signature of Administrator	Phone	Date
If currently employed, enrolled in col	lege, or both, the guest will need to present a ph	oto ID and proof of ag
Employer	Employer's Phone	
Employer Street Address	City	
S/BHS Office - Administrator A	Approval	
WHS/BHS Approval		
Signature of Admin	istrator Date	1