

PLAINFIELD SOUTH HIGH SCHOOL

Date Request Form

**“Dancing in the Dark”
Saturday October 1st 7-10pm**

This form is required for all NON PSHS students prior to ticket purchase

**Ticket sales will take place during all lunch periods starting
Monday September 19th through Friday September 30th.**

You must have this form completed by Thursday September 29rd.

1. Each student bringing a guest that DOES NOT attend PSHS must have this form completed before a ticket can be purchased.
2. This form requires the signatures of both attendees, as well as the parent/guardian of both.
3. All signatures required are indicated in **bold** print and must be completed **prior** to ticket sales.
4. The minimum grade level for all guests is the 9th grade. The maximum age is 20 years old.
5. **ALL non PSHS attendees must bring a photo ID for check-in. Failure to present photo ID will result in refusal of entrance without refund of ticket price.**

TO BE COMPLETED BY PLAINFIELD SOUTH STUDENT.	MUST BE PROPERLY SIGNED.
_____ Name of Plainfield South Student (please print)	_____ Grade Level
_____ Emergency Contact Name (please print)	_____ Phone Number
As a Plainfield South Student , I have read the rules for Prom and understand that all rules apply at school social functions.	
_____ Signature of Plainfield South Student	_____ Date
As the parent/guardian of the above Plainfield South student I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this Plainfield South function.	
_____ Signature of Plainfield South Parent/Guardian	_____ Date

TO BE COMPLETED BY GUEST.

MUST BE PROPERLY SIGNED.

Name of Guest (please print)

Phone Number of Guest

Address of Guest

Date of Birth

Name of Emergency Contact (please print)

Phone Number

If guest is currently enrolled in another high school or college, a Dean, Counselor, or Administrator of that school must complete the following information.

As an Administrator of _____, I verify that _____
NAME OF SCHOOL GUEST NAME

Is in "good standing".

Name of Administrator (please print)

Title

Signature of Administrator

Phone number

******IF GUEST IS NOT A STUDENT, PLEASE COMPLETE ONE OF THE FOLLOWING******

Employer (please print)

Character Witness (please print)

Address

Address

OR

Phone Number

Phone Number

Signature of Employer

Signature of Character Witness

GUEST AGREEMENT: I am willing to follow the policies and procedures of Plainfield South High School. I realize that I am a guest of Plainfield South High School and am required to abide by all rules and expectations. I understand that failure to do so could result in my being removed From the event and may jeopardize my ability to attend future Plainfield South events.

Signature of Guest

Date

FINAL SIGNATURE: PSHS DEAN/ADMINISTRATOR.

Signature of PSHS DEAN/ADMINISTRATOR

DATE