

**ANTIOCH COMMUNITY HIGH SCHOOL (ACHS)  
GUEST APPLICATION FORM**

A student requesting to bring a date who is not an Antioch Community High School student must have this form completed **before a ticket can be purchased**. It requires the signature of a dean or administrator of the guest's school and of an Antioch Community High School's dean.

**The minimum grade level for all guests is ninth grade; the maximum age is 20.**

**Guest Form Deadline: April 19, 2018**  
**Ticket Sales: Saturday, April 21<sup>st</sup> from 9-12**  
**Monday, April 23<sup>rd</sup> from 7:15-8:45**  
**Tuesday, April 25<sup>th</sup> from 3-4**  
**Wednesday, April 26<sup>th</sup> from 3-5**  
**Fax Number: 847-395-2435**

\_\_\_\_\_ Date \_\_\_\_\_  
**Name of ACHS Student (Please print)**

As an ACHS student, I understand that all school rules apply at school functions, and I will take responsibility to inform my date of these rules.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of ACHS Student**

As the parent/guardian of the above ACHS student, I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this ACHS activity.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Parent/Guardian of ACHS student**

**\*\*\*Guest Information - A copy of a picture ID is required with this application\*\*\***

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

School Guest \_\_\_\_\_

Attends/Attended	_____	_____	_____	_____
	School	City	State	Year

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

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

Signature of Guest's Parent/Guardian \_\_\_\_\_

Complete ONE of the following three boxes

AS THE DEAN/ADMINISTRATOR OF THE SCHOOL, I RECOMMEND THAT THIS STUDENT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY.

\_\_\_\_\_  
Signature of School Dean/Administrator of Guest      Phone # \_\_\_\_\_      Date \_\_\_\_\_

IF NOT A STUDENT, LIST EMPLOYER

\_\_\_\_\_  
Company Name      Supervisor's Name (Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor/Title      Phone # \_\_\_\_\_

IF YOU ARE UNEMPLOYED, A CHARACTER WITNESSES' NAME AND PHONE NUMBER MUST BE GIVEN. THIS CAN BE A FORMER EMPLOYER, FORMER TEACHER, PASTOR, ETC.

\_\_\_\_\_  
Character Witness (Print)

\_\_\_\_\_  
Signature of Character Witness/Title      Phone # \_\_\_\_\_

ANTIOCH COMMUNITY HIGH SCHOOL  
DEAN APPROVAL

\_\_\_\_\_  
Signature of ACHS Dean      Date \_\_\_\_\_

Attach a copy of  
Guests ID