

**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, 2019

Ticket Sales: Saturday, April 27th from 9am-12pm
Monday, April 29th from 7:30am-8:45am
Tuesday, April 30th from 3pm-4pm
Wednesday, May 1st from 3pm-4pm

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) Phone # _____

Signature of Character Witness/Title

ANTIOCH COMMUNITY HIGH SCHOOL
DEAN APPROVAL

Signature of ACHS Dean Date _____

Attach a copy of
Guests ID