



# Central High School

Principal – Chris Testone  
Assistant Principal – Kerri McCastland  
Assistant Principal – Kim Lewis  
Assistant Principal – Terry Stroh  
Athletic Director – Steven Diversey

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## Guest Pass Procedure

### Directions:

A Central High School (CHS) student requesting to bring a friend who is not a CHS student must have this form *complete before purchasing a ticket* to the event. This form requires the signature of a dean or an administrator from the guest's school. If the guest is not enrolled in another high school, a valid photo ID with proof of age must be presented at the dance.

**No middle school students are allowed to attend a high school dance. No persons over the age of 20 will be permitted to attend the dance.**

All students attending the dance are subject to their belongings being searched, their vehicle being searched, and a breathalyzer test.

### Responsibility Statement:

As a CHS student, I understand that all Central High School policies apply to all school social functions. All guests are required to abide with the expectations of Central High School students. I will take responsibility to inform my guest and ensure full compliance of these policies. My guest must always have photo identification in his/her possession.

\_\_\_\_\_  
Printed Name of Student                      Grade                      Signature of CHS Student                      Date

As the parent/guardian of the above named Central High School student, I find his/her guest to be a responsible person and I approve him/her as an acceptable guest for this Central High School social event.

\_\_\_\_\_  
Parent/Guardian Signature of CHS Student                      Date

### Guest Information:

Name (printed): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ High School Phone: \_\_\_\_\_

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

\*\*\*\*\* **If guest is a current high school student please complete the following information**\*\*\*\*\*

As the administrator of \_\_\_\_\_, I verify that \_\_\_\_\_

is in good standing with District # \_\_\_\_\_.

\_\_\_\_\_  
Signature of Administrator                      Title                      Date

\*\*\*\*\* **If guest is not a current high school student please complete the following information**\*\*\*\*\*

Employer or College Attending: \_\_\_\_\_ Employer or College Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ or State ID Number: \_\_\_\_\_

High School attended: \_\_\_\_\_ Date of Graduation or Dates Attended: \_\_\_\_\_

### FOR OFFICE USE ONLY

\_\_\_\_\_  
CHS Administrator Signature                      Date

Approved    Denied  
                    Circle

