

GUEST REQUEST FORM

FATHER MCGIVNEY CATHOLIC HIGH SCHOOL

7190 Bouse Road
Glen Carbon, IL. 62034

EVENT: _____ DATE OF EVENT: _____

NAME OF FMCHS STUDENT: _____ GRADE LEVEL: _____

AS AN FMCHS STUDENT, I UNDERSTAND THAT ALL SCHOOL RULES APPLY AT SCHOOL FUNCTIONS, AND I WILL TAKE RESPONSIBILITY TO INFORM MY GUEST OF THESE RULES,

SIGNATURE OF FMCHS STUDENT

DATE

AS THE PARENT OF THE FMCHS STUDENT, I FIND HIS/HER GUEST TO BE A RESPONSIBLE PERSON, AND I RECOMMEND HIM/HER AS AN ACCEPTABLE GUEST FOR THE FMCHS SOCIAL FUNCTION.

SIGNATURE OF FMCHS PARENT

DATE

PRINT NAME OF GUEST

SIGNATURE OF GUEST

HOME ADDRESS OF GUEST _____

PHONE NUMBER OF GUEST _____

AS THE PRINCIPAL/ADMINISTRATOR OF THE SCHOOL THE GUEST ATTENDS, I VERIFY THAT HE/SHE IS A STUDENT IN GOOD STANDING.

NAME OF SCHOOL GUEST ATTENDS: _____

NAME OF GUEST SCHOOL ADMINISTRATOR (PRINT)

DATE

GUEST SCHOOL ADMINISTRATOR'S SIGNATURE

IF GUEST IS NO LONGER IN HIGH SCHOOL AND OVER 18, PLEASE COMPLETE THE FOLLOWING:

CURRENT PLACE OF EMPLOYMENT: _____

AND/OR COLLEGE YOU CURRENTLY ATTEND: _____

HIGH SCHOOL YOU GRADUATED FROM: _____ GRADUATE YEAR _____

-PHOTO COPY OF STUDENT I.D.

- IF NOT A STUDENT A PHOTO COPY OF DRIVERS LICENSE

- Students must be under the age of 21.

FMCHS ADMINISTRATOR APPROVAL

SIGNATURE OF FMCHS ADMINISTRATOR

DATE