



# QUINCY NOTRE DAME HIGH SCHOOL

1400 South 11<sup>th</sup> Street, Quincy, IL 62301

Phone: 217/223-2479 **FAX: 217/223-0023**

## DANCE / GUEST REQUEST FORM

A Quincy Notre Dame Student who would like to invite a student from another school must have completed this form and returned it for approval according to the guidelines given for each dance. This form requires the signature of the QND student's parent or guardian and an approval rating from the guest's high school principal or administrator.

As a Quincy Notre Dame student, I understand that all QND rules apply at all school functions, including dances. I have read and agreed to follow the QND dance rules as listed in the QND Student Handbook. I agree to accept full responsibility for my guest and his/her actions. The guest MUST have photo identification at all time while at QND.

### PART I: STUDENT INFORMATION

\_\_\_\_\_  
QND Student's Name (please print)

\_\_\_\_\_  
Name of Dance

\_\_\_\_\_  
Date of Dance

\_\_\_\_\_  
QND Student's Signature

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Date Signed

### PART II: PARENT/GUARDIAN APPROVAL

As the parent/guardian of the QND Student named above, I find the guest listed below to be a responsible person. I approve this guest to accompany my student to the QND dance listed above.

\_\_\_\_\_  
QND Parent/Guardian Name (print)

\_\_\_\_\_  
QND Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date Signed

### PART III: GUEST INFORMATION

\_\_\_\_\_  
Name of Guest

\_\_\_\_\_  
Age

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

\_\_\_\_\_  
Home/Cell Phone Number

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

\_\_\_\_\_  
Guest's Parent/Guardian's Name

### PART IV: HIGH SCHOOL PRINCIPAL RATING OF (GUEST) STUDENT

I certify that the above named student is a student in good standing at our school. I recommend that the aforementioned student be allowed to attend the dance at Quincy Notre Dame High School dance using the following scale:

- \_\_\_\_\_ I recommend this student WITHOUT hesitation.
- \_\_\_\_\_ I recommend this student with SOME hesitation.
- \_\_\_\_\_ I DO NOT recommend this student.

\_\_\_\_\_  
Guest's Principal/Administrator

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone Number

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Quincy Notre Dame Use Only: Verification/Reference Check Completed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved