



# Deer Creek – Mackinaw High School CUSD #701

401 E. Fifth Street, Mackinaw, IL 61755

Phone: (309) 359-4421

Fax Number: (309) 359-3125

## DATE REQUEST FORM

**DIRECTIONS:** A student requesting to bring a date who is not a DCMHS student must have this form completed and returned to the High School office **FIVE SCHOOL DAYS BEFORE** the event. (NO EXCEPTIONS!) This form requires the signature of the Principal or Administrator of the guest's school. If the guest is not in high school, a parent/guardian must sign as a contact person. The guest must be at least a ninth grade student and/or under the age of 21. Only one guest per DCMHS student will be allowed to attend the event.

As a DCMHS Student, I understand that all DCMHS rules apply at school social functions. I will take responsibility to inform and ensure my date's compliance to these rules. The guest must have photo identification in his/her possession.

\_\_\_\_\_ 9 10 11 12 \_\_\_\_\_  
DCMHS Student (Print) Grade Date Signature of DCMHS Student

As the parent of the above named DCMHS student, I find his/her date to be a responsible person. I approve him/her as an acceptable guest for the DCMHS social event.

\_\_\_\_\_  
Signature of DCMHS Parent/Guardian Phone Date

### GUEST INFORMATION – PLEASE PRINT

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Primary Phone \_\_\_\_\_ Parent Name \_\_\_\_\_

School/City \_\_\_\_\_

As the Principal/Administrator of the high school this student attends, I verify that he/she is a student in good standing.

\_\_\_\_\_  
Signature of Administrator Title Phone

If not currently attending a high school, a parent/guardian signature and phone number is REQUIRED:

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature

PLACE PHOTO ID HERE,  
OR  
PHOTO COPY (on lighter  
setting), AND FAX TO DCMHS  
(309) 359-3125

\*\*\*Office Use Only\*\*\*

Approval \_\_\_\_\_

Denial \_\_\_\_\_