

WAVERLY HIGH SCHOOL
201 N. Miller Street
WAVERLY, IL 62692
Phone: 217-435-2211 Fax: 217-435-3431
Waverly High School Guest Permission Form

Event: _____

Date of Event: _____

WHS Escort: _____

Guest Name: _____ Birthdate: _____

Guest Address: _____

Guest Parent/Guardian: _____

Is this guest a former WHS student? _____ If yes, what years? _____

Part I (To be completed if the guest attends another school)

Principal's Recommendation: _____ is a student in good standing at _____ and has my recommendation to attend this event at Waverly High School.

Principal's Name: _____ Signature: _____

School Address: _____

School Phone: (required) _____

Part II (To be completed by a WHS parent/guardian if the guest does not currently attend another high school.)

I personally know _____ and will attest to his/her good character.

He/She has my recommendation to attend the event at Waverly High School.

Name: _____ Signature: _____

Address: _____

Phone Number: _____

Waverly High School reserves the right to verify information submitted on this form.

Part III (To be completed by the guest)

I, _____, agree to obey all rules and regulations set forth by Waverly High School concerning school and extra-curricular events. I understand that a violation of ANY school policy may result in dismissal from the event. In addition, if I am asked to leave the event, I understand I will not be entitled to a refund for my ticket.

Guest Signature

Date

This form must be turned into the Waverly High School office by _____