



WOODLAWN COMMUNITY HIGH SCHOOL
Home of the Cardinals

300 North Central Lane, Woodlawn, IL 62898 618.735.2631 www.woodlawnhs.org

Guest Permission Form

This form must be turned in to the event sponsor no later than three days before the event.

Event: _____

Date of Event: _____

WHS Escort: _____

Guest Name: _____

Is the guest a former WHS student? Yes No If yes, what years? _____

To be completed if the guest attends another school.

Principal's recommendation:

_____ is a student in good standing at _____

(Name of Student)

(Name of School)

and has my recommendation to attend this event at Woodlawn High School.

Principal's Name: _____ Signature: _____

School Phone: _____

To be completed by WHS parent/guardian if the guest does not currently attend another high school.

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

(Name of Guest)

he/she is under the age of 21. He/she has my recommendation to attend this event at Woodlawn High School.

Parent/Guardian Name: _____ Signature: _____

Woodlawn High School reserves the right to verify any information on this form and to deny admittance to any guest.

To be completed by the guest.

I, _____, agree to obey all rules set forth by Woodlawn High School concerning this event. I understand that any violation of a school policy may result in dismissal from the event. In addition, I understand that if I am asked to leave the event I will not be entitled to a refund of any admission. I also agree to present a photo ID if requested.

(Guest Signature)

FORM MUST BE TURNED IN TO THE WHS MAIN OFFICE OR FAXED TO 618.735.2032