



**Normal Community  
High School**  
3900 E. Raab Rd.  
Normal, IL 61761  
309.728.5000

**\*\* Date of Dance\*\***  
Homecoming  
Saturday, October 17th

**NOTE: This form is due on  
Tuesday, October 13th.**

# Date Request Form

# Homecoming

Directions: A student requesting to bring a date who is not a NCHS student must have this form completed and returned to the **Main Office** by **Tuesday, October 13th**. This form requires the signature of the principal or administrator of the guest's school. **The minimum grade level for all guests is ninth grade, and all guests must be under the age of 21. Only one guest will be allowed per NCHS student.** *Photo IDs must be present at all events.*

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

\_\_\_\_\_ **9** **10** **11** **12** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print Name of NCHS student Date

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

\_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of NCHS Parent Phone Date

\_\_\_\_\_  
Printed Name Of NCHS Parent

## Guest Information

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone : \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/Sate/Zip: \_\_\_\_\_

School: \_\_\_\_\_ If above is not a student, please list contact (or employer) details.

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Administrator/Title Print Name  
School Phone # Date

## Office Use Only

Approved   
Not Approved

\_\_\_\_\_  
Signed