



THORNTON FRACTIONAL SOUTH HIGH SCHOOL



Date Request Form



Homecoming—October 1, 2022



Directions: A student requesting to bring a date who is not a TF South student must have this form completed before a ticket can be purchased. It requires the signature of the principal or administrator of the guest's school and of a TF South administrator. Your guest must be under the age of 21. The minimum grade level for all guests is the ninth grade. **THIS FORM MUST BE COMPLETED BY WEDNESDAY, SEPTEMBER 21ST (3:30PM)!!!! You cannot purchase your ticket until this form is completed by all parties.** Once your form is completed your ID# will be allowed to purchase an Out of School Date Ticket.

As a TF South student, I understand that all school rules apply at school social functions, and I will take the responsibility to inform my date of these rules.

Name of TF South Student _____ ID Number _____

Signature of TF South Student _____ Date _____

As the parent of the above TF South student, I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this TF South High School social function.

Signature of Parent of TF South Student _____

Date _____

Name of Guest _____

Date of Birth _____

Address of Guest _____

Grade in School _____

Phone Number of Guest _____

School of Guest _____

AS THE PRINCIPAL/ADMINISTRATOR OF THE SCHOOL THIS STUDENT ATTENDS, I VERIFY THAT HE/SHE IS A STUDENT IN GOOD STANDING.

Signature of School Principal/Administrator of Guest _____

Date _____

(School Seal) Please imprint with school seal.

Phone number of Administrator _____

Printed Name of Administrator _____

If the above guest is a student and has the signature of their school administrator and school seal, this section does not need to be filled out. If you are not a student you **MUST** have a character witness name and phone number. A character witness can be the following **ONLY**, an employer or former employer, former teacher, or pastor. **REFERENCES CANNOT BE A PARENT OR RELATIVE.**

EMPLOYER/CHARACTER WITNESS NAME
(Employer may not be a relative)

Title or relationship to guest _____

Signature of Employer/Character Witness _____

Phone Number (Between 8:00am & 4:00pm) _____

Thornton Fractional High School Administrator Approval

Administrator's Signature _____

Date _____