



# MARIAN CENTRAL CATHOLIC HIGH SCHOOL

## DATE APPLICATION FORM

Event: **MCCHS Prom 2019**

Event Date: **April 26, 2019 from 7:00pm - 12:00 midnight.**

A student requesting to bring a date who is not a Marian Central Catholic High school student must have this form completed **BEFORE A TICKET CAN BE PURCHASED**. It requires the signature of a dean or administrator of the guest's school and of Marian's Assistant Principal. *The minimum grade level is 11th grade; the maximum age for guests is 20. Guest must be opposite gender to attend our school dance.*

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### MARIAN STUDENT INFORMATION

Name: (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a MCCHS student, I understand that all school rules and dress guidelines apply at school functions, and I will take responsibility to inform my date of these rules.

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Signature of Parent/Guardian of MCCHS student

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Date

As the parent/guardian of the above MCCHS student, I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this MCCHS activity.

### DATE INFORMATION

Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency contact phone#: \_\_\_\_\_

Signature of Date's Parent/Guardian: \_\_\_\_\_

School Date Attends/Attended: \_\_\_\_\_  
School City State Year

Marian Central Date Application Form continued...

**As the administrator of the school, I recommend that this student be allowed to participate in this activity.**

\_\_\_\_\_  
Signature of Dean/Administrator of Guest

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**Employer Information (complete if NOT a student)**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Signature of Supervisor/Title

\_\_\_\_\_  
Phone #

**If you are unemployed, a character witnesses' name and phone number must be given. This can be a former employer, teacher, pastor, etc.**

\_\_\_\_\_  
Character Witness (print)

\_\_\_\_\_  
Signature of Character Witness/Title

\_\_\_\_\_  
Phone #

**Marian Central Catholic High School Administrator Approval:**

\_\_\_\_\_  
Signature of Marian Central Catholic High School Administrator

\_\_\_\_\_  
Date