

Hillsboro High School
522 E. Tremont
Hillsboro, IL 62049
Phone: 217-532-2841 Fax: 217-532-5142

Hillsboro High School Guest Permission Form

Event: _____
Date of Event: _____

HHS Escort: _____
Guest Name: _____ Age: _____
Guest Address: _____
Guest Parent/Guardian: _____
Is this guest a former HHS 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 Hillsboro High
School.

Principal's Name: _____ Signature: _____
School Address: _____
School Phone: (required) _____

PART II (To be completed by a HHS parent/guardian if the guest does not 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 Hillsboro High School.

Name: _____ Signature: _____
Address: _____
Phone Number: _____ Relationship to Guest: _____

Hillsboro 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 Hillsboro 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 Hillsboro High School office: **3 days before scheduled event**