



AURORA CENTRAL CATHOLIC HIGH SCHOOL
1255 N. Edgelawn Drive Aurora, Illinois 60506
(630) 907-0095 FAX (630) 907-1076
www.auroracentral.com

DANCE GUEST PASS

GUEST INFORMATION

Guest Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Birth Date _____ Class Year _____

GUEST AGREEMENT

As a guest, I agree to follow the policies and procedures of Aurora Central Catholic High School. I realize that I am a guest of Aurora Central Catholic High School. Furthermore, the failure to follow these expectations may result in being removed from the dance and the notification of parents and all other appropriate authorities.

Signature of Guest _____ Date _____

DEAN/SCHOOL ADMINISTRATOR – OF GUEST’S SCHOOL

Guest’s Current School _____ Phone # _____

Dean/School Administrator (please print) _____

As dean/administrator of the above named school, I verify that the student named as a guest is a student in good standing.

Signature of Dean/Administrator _____ Date _____

AURORA CENTRAL CATHOLIC HIGH SCHOOL – STUDENT AGREEMENT

As an Aurora Central High School student, I understand that all school rules and expectations apply at school dances, and I will inform my guest of these policies.

ACC Student Signature _____ Date _____

***PLEASE RETURN THIS FORM TO THE DEAN OF STUDENTS
AT AURORA CENTRAL CATHOLIC HIGH SCHOOL,
THREE DAYS PRIOR TO THE DANCE.***