

Wheaton Warrenville South High School
ACTIVITIES PARENT PERMISSION FORM

PLEASE PRINT

School Year **2009-2010** Year in School FR SO JR SR (Circle One)

Name _____ I.D. # _____
Last First

Street Address _____
City State Zip

Home Phone _____ Emergency Number _____ Emergency Contact Name _____

Birth Date _____ E-Mail _____

Mother's Name _____

Father's Name _____

Do Both Parent's Live within District 200? Yes No (Circle One)

School Attended Last Year? _____

I HEREBY GIVE MY SON/DAUGHTER CONSENT TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:
Please check off ALL activities in which you intend to participate.

Activities

Marching Band _____
Show Choir _____
Drama _____
Speech _____

FURTHERMORE, BY AFFIXING MY SIGNATURE TO THIS FORM, I DO AFFIRM I HAVE READ THE CO-CURRICULAR PARTICIPATION CODE AND THE IHSA ELIGIBILITY RULES IN ITS ENTIRETY AND UNDERSTAND ALL THE RULES GOVERNING PARTICIPATION IN WHEATON WARRENVILLE SOUTH ACTIVITIES.

Parent Signature



Student Signature

Please return this form to your activities sponsor.