

**Wheaton Warrenville South High School
ACTIVITIES PARENT PERMISSION FORM**

PLEASE PRINT

School Year **2011-2012** 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 Parents 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.