



# BALDWIN COUNTY VIRTUAL SECONDARY SCHOOL OUTSIDE DATE REQUEST FORM

FORM MUST BE COMPLETED PRIOR TO PURCHASING TICKETS.

**No tickets can be purchased after 3:30pm on Friday, April 14<sup>th</sup>.**

**TICKETS WILL NOT BE SOLD AT THE DOOR**

**IT WILL TAKE TIME TO COMPLETE THIS FORM. DO NOT WAIT UNTIL THE LAST MINUTE.**

A student requesting to bring a date who is NOT a student at BCVSS must have this form completed with all signatures prior to purchasing tickets. **Students must have purchased tickets in advance to enter the dance.** The admittance of an outside date requires the approval of an Administrator. **PLEASE BE ADVISED THAT TICKETS SHOULD NOT BE BOUGHT UNTIL YOUR GUEST'S ADMINISTRATOR HAS APPROVED YOUR GUEST AND SIGNED YOUR FORM.** BCVSS has the right to deny entry to any person.

**NO MIDDLE SCHOOL STUDENTS OR GUESTS OVER THE AGE OF 20 WILL BE ALLOWED AT ANY DANCE!**

As a BCVSS student, I understand that all BCVSS rules apply at school social functions. I will take FULL RESPONSIBILITY to inform and ensure my date follows the rules (including the dress code). My date must provide a copy of a photo ID (Student ID card, Driver's License, etc.) to enter the dance.

**\*\*\*TURN THIS FORM IN TO MS. PERRIN (Daphne Campus), or MRS. EBERT or MRS. FEELY (Foley campus)  
WHEN COMPLETE TO PURCHASE YOUR TICKETS.\*\*\***

\_\_\_\_\_  
BCVSS Student Name (please print)

\_\_\_\_\_  
Signature of BCVSS Student

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Grade

As a Baldwin County Virtual Secondary School Parent/Guardian of the above BCVSS student, I find their date to be a responsible person and I approve them as an acceptable guest for this BCVSS social function.

\_\_\_\_\_  
Signature of BCVSS Parent/Guardian

\_\_\_\_\_  
Date Signed

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

**\*\*\*DATE/GUEST INFORMATION (Please Print)\*\*\*  
Attach a copy of your Guest's photo ID**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

School: \_\_\_\_\_

Driver's License # (if applicable): \_\_\_\_\_

**As an Administrator of the school this student attends, I verify that he/she is a student in good standing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

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

**IF NOT A HIGH SCHOOL STUDENT, LIST THE FOLLOWING:**

Employer and Phone #: \_\_\_\_\_

As a guest of a BCVSS Student, I understand that all BCVSS rules apply to me and agree to follow them.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
BCVSS Administrator Final Approval

<p>For official use only: Ticket Numbers: _____ Date Issued: _____</p>
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