

PERMISSION SLIP

ANYONE WITHOUT A PERMISSION SLIP
WILL NOT BE ALLOWED TO BOARD THE BUS

I, _____, hereby acknowledge that my
PLEASE PRINT - parent/guardian name

child, _____, will be participating in
PLEASE PRINT - name of student

North Warren Regional High School Project Graduation 2009. Held on
Wednesday, June 17, 2009 beginning at 9:00 pm and ending on Thursday,
June 18, 2009 at 6:00 am.

Transportation will be provided via school bus.

I also give permission for emergency medical treatment in the event of illness or
other emergency medical event.

Known allergies:

Medication now being used, if any:

Time of administration:

Date of last Tetanus Shot: _____

If not known - was it within the last ten years (circle one):

Yes No

Signature of Parent/Guardian

Date

Contact Name and Phone No. - in case of emergency

Alternate Name _____ and Phone No. _____

Your home phone number _____ Your Cell Phone number _____

STUDENT FORM with PARENTAL SIGNATURE REQUIRED

RULES of Project Graduation 2009

- Arrival time: Arrive at school lobby graduation night,
Wednesday, June 17th - 9:00 pm
Arrival time at school from event, 6:00 am Thursday, June 18th
- Attendance is limited to North Warren Seniors ONLY! Guests will not be allowed.
- If it is determined by medical personnel on duty that a student is under the influence of alcohol or drugs, the student will not be admitted on the bus. A police escort will be provided to see the student home.
- The chaperones on duty reserve the right to inspect any packages brought in by students. If anyone tries to bring drugs, alcohol or weapons to the party, the same procedure will be followed as in rule no. 3.
- We will have a designated area for checking purses.
- NO BACK PACKS ALLOWED. A large bag will be provided to put your items in.
- We will not be responsible for valuables.
- Once a student is on the bus, he/she will NOT be allowed to disembark.
- No misconduct on the part of the student will be tolerated.
- If a student does not want to stay all night, then the parent MUST come to pick up their child.
- Even if the student is 18 years of age...ALL INFORMATION MUST BE PROVIDED.

Student: _____
print name

I have read the RULES and agree with its content. I agree not to use drugs or alcohol
before and during Project Graduation.

Student signature

date

Parents:

I have read the RULES and agree with its contents. I hereby waive any and all liability
for injury or illness while my son/daughter is a participant. I understand that this is not a
school sponsored function.

Parent signature

date

Please return this form on or before May 30th to:
Dorothy Marra, 56 Golden Chain Rd., Blairstown, NJ 07825
Fax: 908.362.5773 OR bring to Guidance Office