



PART Jacy

IMPORTI Dates

PROM

March 29th

GRADUATION PERFORMANCE TRYOUTS

April 21st

SIGNING DAY

May Ind

SENIOR SUNSET

May 20th

SENIOR AWARDS

May 22nd

SENIOR CHECK OUT

May 23rd

SENIOR BREAKFAST

May 27th

GRADUATION PRACTICE

May 28th

GRADUATION

May 29th

GRAD NITE

June 1st



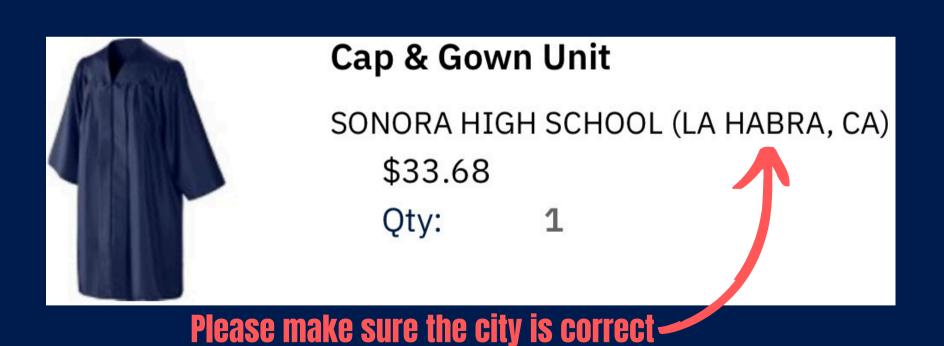


Reach out to Mrs. Crail or Ms. Virden if you need any support. We are here to help!

If you have not ordered your Cap & Gown, please do so IMMEDIATELY.

Cap & Gown distribution will take place during Senior Check Out on Friday, May 23rd.





Questions

VISIT: www.jostens.com/help or EMAIL: bpoffice@jostens.com



ICINE & Hendance



In order to participate in Graduation and Senior Activities you must meet the Fullerton Joint Union High School District graduation requirements, including completion of 40 credits during senior year.

ATTENDANCE/TARDIES

- All unexcused absences and excessive tardies can lead to Saturday School and the loss of some or all Senior Activities and/or other extra-curricular and co-curricular activities (athletics, performing arts, etc).
- All Saturday Schools MUST be cleared if you are going to attend Senior Activities.



Additionally, in order to participate in Senior Activities & receive graduation tickets, ALL Seniors must:

Complete the AB 469 Financial Aid Application Requirement (submit the FAFSA/Dream Act application OR Opt out Form)

• Complete the Senior Survey in May - more information to come from the Guidance

Department soon.



SENIOR HOLD LIST

- Created to closely monitor students' progress for their classes and remaining graduation requirements
- At the Q3 grade report, regardless of the grades, ALL seniors will automatically be placed on the Senior Hold List for all of their classes
- Two ways that students can get off the Hold List for a specific course:
 - Counselors determine the course is not needed for graduation
 - Teachers will remove students from "hold" for their class once it is mathematically impossible to fail the class (up until May 28th)



ACCOUNTS

- All student account balances must be paid off in order to participate in any Senior Activities.
- Fines include but are not limited to testing fees, athletic fees, Chromebook fees, textbook and library fines.
- The Activities Office will stop accepting checks on Friday, April 25th .
 - Cash, money order, and credit/debit (3% service fee) ONLY will be accepted after the above date.

You must be cleared of fines BEFORE you purchase any dance or Senior Activities tickets (not at the time you purchase your ticket). The last day to clear your fines before Prom is at lunch on Friday, February 28th.



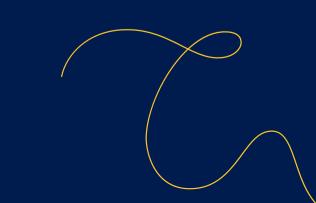




Prom will be held on Saturday, March 29th from 8:00 PM to 12:00 AM.

Dress code will be strongly enforced. Please see an administrator prior to purchasing your attire if you have any questions or concerns.

ALL Fines and Saturday Schools MUST be cleared before purchasing/attending the dance.





Sonora High School

MUST HAVE URRENT SCHOOL IS TICKETS & TO ENTER

Saturday, March 29th 8:00 PM - 12:00 AM Sirona's at Santa Anita Park 285 W Huntington Dr

Arcadia CA 91007

Prom 2025 Contract

MUST HAVE URRENT SCHOOL ID THE DANCE

To ensure a safe and memorable evening

General Rules

- Students may not attend if suspend classes the day before the event.
- Check-in closes at 9:00 PM. Students cannot leave before 10:00 PM.
- · All attire must comply with the school dress code. Clothing that is revealing, low-cut, or excessively

Tickets and ID

- sheer is not permitte
- B card annot b Discounts apply only A school ID (physic)
- Tickets are tied to ID . No refunds will be is

Guest Requirements

- Guests who are not SOHS students r ninth grade, present valid ID, complete
- · Guests are allowed entry only if accord
- . No tickets will be sold at the door.

Prohibited Behaviors and Items

- No possession or use of controlled sult entry, suspension, or loss of senior private Fighting, hostile behavior, or inappropri
- removal and potential disciplinary action · Once you leave the dance, you cannot

Security and Searches

- All attendees and vehicles are subject
- Prohibited items include food, liquids. with the school, and gum which will I

Additional Policies

- · Failure to arrange a ride within 20 min next dance or loss of senior privileges.
- · All fines, lunch detentions, or Saturda the event.

Acknowledgment

By signing below, you confirm that you lave your actions while at the dance and agree to a issued for any reason. Violations of school rule removal from the event.

SOHS STUDENT NAME (print)

SOHS STUDENT SIGNATURE

PARENT/GUARDIAN NAME (print)

PARENT/GUARDIAN SIGNATURE

TICKETS W/O ASB CARD & OFF CAMPUS GUEST SALES DATES W/ ASR CARD March 3rd - March 7th \$115.00 \$125.00 March 10th - March 26th \$130.00 \$120.00

LAST DAY FOR PERMISSION 10 BE SIGNED BY ADMINISTRATION WILL . *ONDAY, MARCH 24th LAST DAY TO BUT LOKETS WITH RCH 26th

* DANCE GUEST PASS * *

SOHS STOP IT NAME (print)	ID#
G' .sT' ME (print)	GUEST PHONE #

GUEST INFORMATION & CONTRACT (Non-SOHS Student)

School of Attendance Assistant Principal's Name (print)

equired Assistant Principal's Signature (Please attach a business card and/or stamp with school's official seal)

Please provide a photocopy of your student ID for approval.

Guest passes will not be approved without a copy of the guest's student ID card.

Indicate their guests will present their actual identification prior to being granted entry to the event.

As a guest at Sonora High School's dance, I understand that I am under the jurisdiction of the school and must follow all school rules, including appropriate dancing and use of controlled substances. I have read and understand the rules listed on the reverse page and accept all responsibility for my actions taken while attending this dance. Failure to do so may result in my removal from the ance and may jeopardize my sponsoring student from attending all further Sonora High School dances and activities

Suest's Parent/Guardian Name

IF GUEST IS AGE 18 - 20 (Non-SOHS Student)

Please provide a photocopy of your ID for approval. Guest passes will not be approved without a copy of the guest's ID card.

Students and their guests will present their actual identification prior to being granted entry to the event.

As a guest at Sonora High School's dance, I understand that I am under the jurisdiction of the school and must follow all school rules, including appropriate dancing and use of controlled substances. I have read and understand the rules listed on the reverse page and accept all responsibility for my actions taken while attending this dance. Failure to do so may result in my removal from the dance and may jeopardize my sponsoring student from attending all further Sonora High School dances and activities.

Sonora Administrator Approval

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT PARTICIPATION & FIELD TRIP RELEASE FORM

- Name of student (print)
- Campus
- Grade level Sonora High School

Signature of Parent/Guardian

If applicable, please complete: LIABILITY INSURA

DRIVER INFORMATION: (pleas Name Address

Driver's License Number/State Vehicle make & model

INSURANCE INFORMATION: (Insurance Carrier Insurance Agent Address Date issued

Limits of policy (amount of insurar

I understand that as a driver of stu Fullerton Joint Union High Schoo harmless the District, its officers, liability, loss, damage, or expense transportation of myself and/or of permission to allow the Fullerton from the California Department of

Signature of Student - Date

ULLERION JOINT UNION HIGH SCHOOL DISTRICT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Name of Student		School	Sonora High School
Activity	Prom 2025		

In consideration of being permitted to participate in the athletic program, field trip or excursion, sponsored, planned, and directed by the Fullerton Joint Union High School District, for any purpose including, but not limited to, observation, use of various facilities or equipment, or participation in any way, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby agrees to the following:

- THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISHCARGES AND COVENANTS NOT TO SUE THE FULLERTON JOINT UNION HIGH SCHOOL DISTRICT, their officers, employees, Board, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in the sponsored athletic program, field trip or excursion, sponsored, planned, and directed by the FULLERTON JOINT UNION HIGH SCHOOL
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned, and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT;
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while participating in the athletic program, field trip or excursion, sponsored, planned, and directed by the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist. I agree to be financially responsible for any costs or fees incurred due to such medical or dental treatment; and
- 4. THE UNDERSIGNED IS AWARE THAT PARTICIPATION IN THE ATHLETIC PROGRAM PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that an injury may result while participating in said athletic program. The undersigned is aware of the risk that any part of his body or any of his body systems may be hurt or injured by participating in the athletic program.

 The undersigned herby acknowledges that he/she knowingly and voluntarily assumes any and all risks of bodily injury against the FULLERTON JOINT UNION HIGH SCHOOL DISTRICT while participating in the athletic program.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMINITY AGREEMENT and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THE RELEASE

Signature of Student - Date

Signature of Parent/Guardian - Date

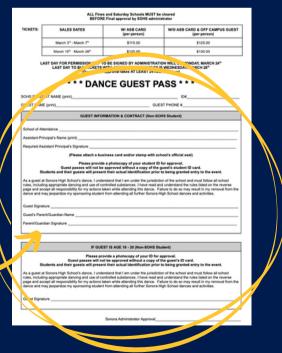
Guest Pass



Your Prom Contract & Guest passes are DUE at the time of purchase. Make sure your guest pass is approved before trying to purchase your ticket.

Guests MUST have completed a Guest Pass (last day to be approved by admin is Monday, March 24th). This is a strict deadline, so please plan accordingly.









You may purchase tickets at the Activities Windows during break and lunch. Tickets WILL NOT be sold during student class time (this includes tutorial, unless you have a free RR), without your school ID, or without a completed Prom Contract.

The following is a schedule of ticket sales:

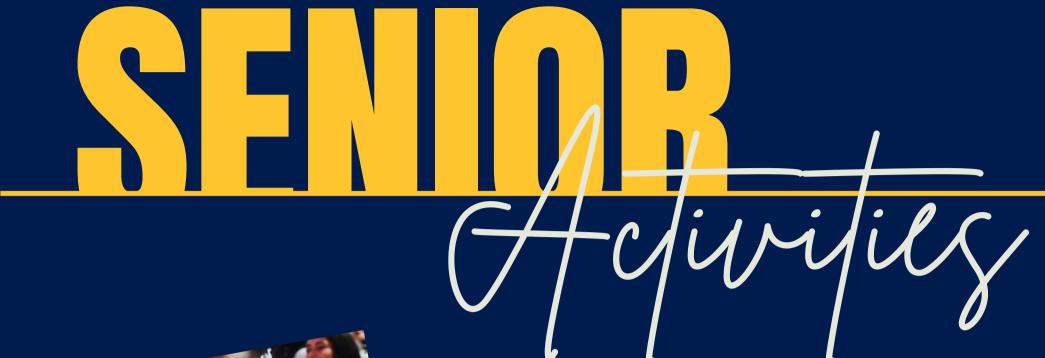
MARCH 3RD - MARCH 7TH (WEEK 1)

- \$115 W/ ASB
- \$125 W/O ASB & OFF CAMPUS GUEST

MARCH 10TH - MARCH 26TH (WEEK 2 & 3)

- \$120 W/ ASB
- \$130 W/O ASB & OFF CAMPUS GUEST









GRADUATION SPEECHES & PERFORMANCES

If you would like to give a speech or perform at the Graduation Ceremony, then you must sign-up and tryout. Please see the tryout date below and remember to check your school email for more information.

Date: Monday, April 21st (after school)

*Sign-ups for tryouts will go out a month in advance.



COLLEGE AND MILITARY SIGNING DAY

We want to recognize ALL seniors and their commitment to their next level of education. Please complete the Google Form that was sent to your school emails and posted on the Sonora ASB Instagram.

Date: Friday, May 2nd (RR and Break)

Let's celebrate your hard work!





SENIOR SUNSET

Senior Sunset will be held on Tuesday, May 20th at 7:00 PM. Pizza and refreshments will be provided. This is a chance for seniors to get & sign yearbooks early!

SENIOR AWARDS

Senior Awards will be Thursday, May 22nd at 6:00 PM.

There will be an early Cap & Gown pick-up for students participating in Senior Awards Night. Students will be notified by email.



SENIOR CHECK OUT

All seniors must attend and turn in their books & Chromebook. Also, this is the last day to pay fines and pick up your cap & gown.

Date: Friday, May 23rd

Time: 8:30 AM - 12:00 PM

Location: Big Gym

*All lockers MUST be cleared before this date!





SENIOR BREAKFAST

Senior Day will be on Tuesday, May 27th. Tickets include breakfast, \$15 Power Card, and unlimited Video Game play.

Location: Dave & Buster's (Orange)

Time: 8:00 AM - 11:00 AM



Tickets are on sale NOW for \$10 with ASB card & \$20 w/o ASB card.

All students attending must complete a permission slip and turn it in at the time of purchase.

*If you do not attend Senior Day you must attend your classes during the regular school day.



CRADUATION CLASS OF 2025

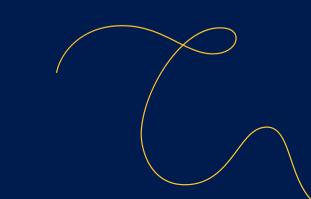
GRADUATION PRACTICE

Graduation Practice is MANDATORY for all graduating Seniors who plan to participate in the graduation ceremony. You must be on time! If you do not attend Graduation Practice, you WILL NOT be able to walk at Graduation.

Date: Wednesday, May 28th

Time: 8:00 AM - 12:00 PM

Location: FJUHSD Stadium @ La Habra





TIME & LOCATION

The graduation ceremony will be held at the FJUHSD Stadium @ La Habra on Thursday, May 29th at 6:00 PM.

TICKETS

Each student will receive fifteen (15) guest tickets for the ceremony. Tickets will be given to students only. Tickets will NOT be distributed to anyone else. Ceremony tickets will be distributed after graduation practice.

Please note: Due to fire regulations ALL attendees, including children and infants, require a ticket.

ARRIVAL TIME

The procession will begin promptly at 6:00 PM. ALL seniors are required to arrive at 5:00 PM. Seniors must meet at the gym. If you are late you will NOT be allowed to participate in the ceremony.

GRADUATION

PICTURES

Please note that parent and family members will not be allowed to go onto the field before, during, or after the ceremony. A professional photographer will be at the ceremony to capture each graduate with their diploma cover. You can visit South Coast Photographic website at www.southcoastphotographic.com for more information.

DRESS CODE

Only approved tassels, honor stoles, medallions, etc. may be worn. Students NOT dressed appropriately will not be allowed to participate in the Graduation Ceremony. Items not allowed include but are not limited to:

- High heels
- Bare feet
- Inappropriate caps or gowns
- Floral Leis and any other accessories not school-issued

GRADUATION

PROHIBITED ITEMS

All graduating seniors will be checked for prohibited items at the stadium entrance. If any items are found, they will be taken away and depending on the items students may be asked to leave. Prohibited items include, but are not limited to:

- Cell phones
- Cameras/video games
- Purses
- Makeup/cosmetics
- Air horns, balloons, confetti, noise makers, etc.
- Food, drinks and gum

CONDUCT

Please remember that participation in the Graduation Ceremony is VOLUNTARY. Participation will require acceptable and considerate conduct by every senior leading up to and including the ceremony. School officials may remove any student who distracts from the dignity of the ceremony.



GRADUATION CEREMONY (GUEST INFORMATION)

In order to make this a pleasant event for all guests, please inform your friends and family that they are not to bring any noise makers, confetti, or other disruptive party items to the Graduation Ceremony. Additionally, strollers are not allowed. Balloons and signs are popular items purchased for graduates. However, these items block the view for guests. Balloons and signs will have to be left outside the stadium. NO EXCEPTIONS!

The stadium is able to accommodate handicap seating on both the Home and Visitor side. Therefore, there will be NO RESERVED SEATING on the field. Please arrive early as there is limited handicap parking.



PIPIN Dick Ip



Diplomas can be picked up Friday, May 30th in front of the Activities Office from 8:00 AM - 11:00 AM.

All fines and fees must be cleared, as well as, you must show your ID to pick up your diploma.





DISNEYLAND GRAD NITE 2025

Included with your ticket is a Park Hopper Pass, Grad Nite Private Party and transportation.

Date: Sunday, June 1st

Time: 8:30 AM - 3:00 AM (next day)

Total Cost: \$300

*All Grad Nite tickets must be paid in full by Friday, March 14th.





*The Activities Office CANNOT accept payments for Grad Nite.

PAYMENTS

Payments can be made anytime through Zelle. All Zelle payments must include the students First and Last name in the MEMO.

PTA will be on campus AFTER SCHOOL the following dates to collet cash payments or to answer questions:

- Monday, February 3rd
- Monday, February 24th
- Monday, March 3rd
- Monday, March 10th





REQUIRED FORMS & WAIVERS

All students must have a payment form and waiver signed by a parent/guardian, even if they are

18 or older.

Payment Form

Tot		d Nite Payment Forn Hopper and Busing		
"ALL	\$50.00 DEPOSITS	ARE NON-REFUND	ABLE!! **	
		232 tickets available.		
	Last payment of	due March 14, 2025.		
Student Name		Studen	t ID #	
Student Cell #				
Your cell # will be used the day o	of Grad Nite by <u>Char</u>	perones ONLY for speci	al instructions and informa	tion.
Are there any special accomm	nodations or inform	nation that the chaper	ones need to know abou	it?
be 18 when going to Grad Nite	0.			
be 18 when going to Grad Nite (Parent Guardan Name) deposit paid for GRAD NITE	acknowle			0.00
(Parent/Guardian Name)	acknowle			0.00
(Parent/Guardian Name) deposit paid for GRAD NITE	acknowle is non-refundable e include the <u>stude</u>	Date	Cell #	
(Parent/Guardan Name) deposit paid for GRAD NITE Parent/Guardian Signatur If paying by Zelle you must	acknowled is non-refundable ended to end of the stude on.	Date	Cell #	
(Parent/Quardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur If paying by Zelle you must ibe considered a PTA donation	acknowled is non-refundable ended to end of the stude on.	Date	Cell #	
(ParentQuardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur Parent/Guardian Signatur paying by Zelle you must ibe considered a PTA donate Must include Zelle Transaction	acknowle is non-refundable e e include the stude on. n Number on this form	Date Date LAST	Cell # I name in the MEMO or	it w
(Parent/Guardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur If paying by Zelle you must i be considered a PTA donation Must include Zelle Transaction Zelle Transaction Number	acknowle is non-refundable e e include the stude on. n Number on this form	Date Date LAST	Cell # I name in the MEMO or	it w
(ParentQuardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur If paying by Zelle you must it be considered a PTA donation Must include Zelle Transaction Zelle Transaction Number	acknowlis non-refundable re include the stude on. In Number on this for	Date Orm. USE ONLY	Cell # I name in the MEMO or	it w
(ParentQuardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur Parent/Guardian Signatur If paying by Zelle you must ibe considered a PTA donate Must include Zelle Transaction Zelle Transaction Number Ticket # Deposit \$50.00	acknowled is non-refundable is non-refundable is non-refundable include the stude on. In Number on this form the stude on	Date Ints FIRST and LAST Dorm. USE ONLY	Cell # I name in the MEMO or	it w
(ParentQuardian Name) deposit paid for GRAD NITE Parent/Guardian Signatur If paying by Zelle you must it be considered a PTA donation Must include Zelle Transaction Zelle Transaction Number	acknowle is non-refundable e include the stude on. n Number on this for the stude on the stude	Date Ints FIRST and LAST Dorm. USE ONLY PTA Initials PTA Initials	Cell # I name in the MEMO or State of the	it w

327 L Street, Sacramento, CA 95816-501	14(916) 440-1985 • FAX (916) 440-1986	Email info@capta.org
Print the name of all family memb	ers who may participate in any PTA	spensored events for the 2024/
"school year (including stud	ent, siblings and parents): Grad Ni	te 2025 to Disneyland / Cal Adve
I.		
Participant Name Student First and	Last Name	Age, if minor child
Participant Name		Age, if minor child
3. Participant Name		Age, if minor child
Patricipani (Vanic		Age, ii minor cinia
4		
Participant Name		Age, if minor child
The undersigned parent(s) or guardianalisted above in any and all of the PTA	n(s) assume all risks in connection wit	th the participation of all individual
	listed above are physically fit and able	
	at is it my responsibility to understand unicate those risks to all individuals no	
FTA sponsored activities and commi	unicate those risks to all individuals in	amed above.
I do hereby certify that to the best of r	my knowledge and belief all individua	de named above are in good health
In the event that I, or other parent/gu	aardian, cannot be reached in an emer	gency, I hereby give permission to
In the event that I, or other parent/gu secure proper treatment for my child	ardian, cannot be reached in an emer (ren). I/we do hereby consent to whate	gency, I hereby give permission to ever x-ray, examination, anesthetic,
In the event that I, or other parent/gu secure proper treatment for my child medical, surgical or dental diagnos	ardian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are	gency, I hereby give permission to over x-ray, examination, anesthetic considered necessary in the best
In the event that I, or other parent/gu secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician	airdian, cannot be reached in an emer, (ren). I/we do hereby consent to whate sis or treatment and hospital care are n, surgeon or dentist and performed by	gency, I hereby give permission to ever x-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the
In the event that I, or other parent/gu secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili	aardian, cannot be reached in an emer, (ren). I'we do hereby consent to whate, sis or treatment and hospital care are, a, surgeon or dentist and performed by ty furnishing medical or dental service	gency, I hereby give permission to over x-ray, examination, anesthetic, e considered necessary in the best by or under the supervision of the es. It is further understood that the
In the event that I, or other parent/gu secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili- undersigned will assume full respons	airdian, cannot be reached in an emer, (ren). I/we do hereby consent to whate sis or treatment and hospital care are, a, surgeon or dentist and performed by ty furnishing medical or dental service sibility for any such action, including	gency, I hereby give permission to over x-ray, examination, anesthetic, e considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs.
In the event that I, or other parentig secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I ty furnishing medical or dental service sibility for any such action, including, umed minor(s) has the following aller	gency, I hereby give permission to vevex-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus
In the event that I, or other parent/gu secure proper treatment for my chine medical, surjectal or dental diagnos judgment of the attending physician medical staff of the hospital or facilia undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b	nardian, cannot be reached in an emer, (ren). I'we do hereby consent to when is or treatment and hospital care are, a, surgeon or dentist and performed I ty furnishing medical or dental service sibility for any such action, including, umed minor(s) has the following aller, we made known to a treating physicia	gency, I hereby give permission to vevex-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus
In the event that I, or other parent/gu secure proper treatment for my chine medical, surjectal or dental diagnos judgment of the attending physician medical staff of the hospital or facilia undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b	nardian, cannot be reached in an emer, (ren). I'we do hereby consent to when is or treatment and hospital care are, a, surgeon or dentist and performed I ty furnishing medical or dental service sibility for any such action, including, umed minor(s) has the following aller, we made known to a treating physicia	gency, I hereby give permission to vevex-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-en- physical conditions, which should be "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the	ardian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I ty furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller ee made known to a treating physicia land the allergy/condition.):	gency. I hereby give permission to vere x-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus in: (If none, please write the wor ildren, myself, my heirs, executors
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forev	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I ty furnishing medical or dental service sibility for any such action, including, uned minor(s) has the following aller se made known to a treating physicial and the allergy/condition.): e minor(s), do hereby, for my child/ch er discharge and hold harmless the C.	gency. I hereby give permission to ever x-ray, examination, anesthetic, considered necessary in the best oy or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus in: (If none, please write the wor uildren, myself, my beirs, executors alifornia State PTA, the local PTA
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physical medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-on physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forev and all officers, directors, employ	airdian, cannot be reached in an emer (ren). I'we do hereby consent to whate is or treatment and hospital care are a, surgoon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, uned minor(s) has the following allowing the made known to a treating physicia and the allergy/condition.): et minor(s), do hereby, for my child/ch er discharge and hold harmless the C ces, agents and volunteers of the c ecs, agents and volunteers of the c	gency. I hereby give permission to verve x-ray, examination, anesthetic, considered necessary in the besty or under the supervision of the ses. It is further understood that the payment of costs, gies, medicine reactions or unusus in: (If none, please write the wor lildren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "mone". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forevenand all officers, directors, employ otherwise, from any and all claims,	ardian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I ty furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller se made known to a treating physicial and the allergy/condition.): se minor(s), do hereby, for my child/ch er discharge and hold harmless the C ees, agents and volunteers of the c demands, actions or causes of action	gency. I hereby give permission to vervex-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusua m: (If none, please write the wor ildren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or which in any way arise from the
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "mone". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forev- and all officers, directors, employ otherwise, from any and all claims, participation of any individuals listed	ardian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I ty furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller se made known to a treating physicial and the allergy/condition.): se minor(s), do hereby, for my child/ch er discharge and hold harmless the C cees, agents and volunteers of the c demands, actions or causes of action d above in any PTA sponsored activiti	gency. I hereby give permission to vervex-ray, examination, anesthetic, considered necessary in the best oy or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusuan: (If none, please write the wor illdren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or twhich in any way arise from the es.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physical medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and ald ministrators, release and forev and all officers, directors, employ otherwise, from any and all claims, participation of any individuals listed By signing below, I confirm that I h	ardian, cannot be reached in an emer (ren). I'we do hereby consent to whate is or treatment and hospital care are a, surgeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including med minor(s) has the following aller be made known to a treating physicial and the allergy/condition.): The minor(s), do hereby, for my child'ch er discharge and hold harmless the C demands, actions or causes of the of demands, actions or causes of action above in any PTA sponsoored activities ave carefully read and fully underst	gency. I hereby give permission to vervex-ray, examination, anesthetic, considered necessary in the best oy or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusuan: (If none, please write the wor illdren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or twhich in any way arise from the es.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physical medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and all officers, directors, employ otherwise, from any and all claims, participation of any individuals listee By signing below, I confirm that I h	ardian, cannot be reached in an emer (ren). I'we do hereby consent to whate is or treatment and hospital care are a, surgeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including med minor(s) has the following aller be made known to a treating physicial and the allergy/condition.): The minor(s), do hereby, for my child'ch er discharge and hold harmless the C demands, actions or causes of the of demands, actions or causes of action above in any PTA sponsoored activities ave carefully read and fully underst	gency. I hereby give permission to vervex-ray, examination, anesthetic, considered necessary in the best oy or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusuan: (If none, please write the wor illdren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or twhich in any way arise from the es.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-na physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forevand all officers, directors, employ otherwise, from any and all claims, participation of any individuals listed By signing below, I confirm that I hthis is a release of liability and sign	ardian, cannot be reached in an emer (ren). I'we do hereby consent to whate is or treatment and hospital care are a, surgeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including med minor(s) has the following aller be made known to a treating physicial and the allergy/condition.): The minor(s), do hereby, for my child'ch er discharge and hold harmless the C demands, actions or causes of the of demands, actions or causes of action above in any PTA sponsoored activities ave carefully read and fully underst	gency. I hereby give permission to vervex-ray, examination, anesthetic, considered necessary in the best oy or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusuan: (If none, please write the wor illdren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or twhich in any way arise from the es.
In the event that I, or other parentige secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facilial undersigned will assume full responsible of the control	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, unsed minor(s) has the following allowed to made known to a treating physicial and the allergy/condition.): The minor(s), do hereby, for my child/ch er discharge and hold harmless the C demands, actions or causes of action d above in any PTA sponsored activiti and carefully read and fully understaled it of my own free will.	gency. I hereby give permission to verve x-ray, examination, anesthetic, considered necessary in the best yo or under the supervision of the ess. It is further understood that the payment of costs. gies, medicine reactions or unusus in: (If none, please write the wor ildren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or which in any way arise from the ies.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos to digment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/w the the properties of the thing the physical conditions, which should be none." If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forevand all officers, directors, employ otherwise, from any and all claims, participation of any individuals listee By signing below, I confirm that I he this is a release of liability and sign I. Parent/Guardian Signature	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, surgoon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, unsed minor(s) has the following allowed to made known to a treating physicial and the allergy/condition.): The minor(s), do hereby, for my child/ch er discharge and hold harmless the C demands, actions or causes of action d above in any PTA sponsored activiti and carefully read and fully understaled it of my own free will.	gency. I hereby give permission to vere x-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus in: (If none, please write the wor ildren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or which in any way arise from the es.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-en physical conditions, which should b 'none'. If yes, put first name of child I/we, as parent(s) or guardian(s) of thand administrators, release and forevand all officers, directors, employ otherwise, from any and all claims, participation of any individuals listed by signing below, I confirm that I ht his is a release of liability and sign I. Parent/Guardian Signature 2.	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, suggeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller se made known to a treating physicia land the allergy/condition.): se minor(s), do hereby, for my child/ch er discharge and hold harmless the C eces, agents and volunters of the c demands, actions or causes of action d above in any PTA sponsored activiti ave carefully read and fully underst sed it of my own free will. Print	gency. I hereby give permission to vere x-ray, examination, anesthetic, considered necessary in the best by or under the supervision of the es. It is further understood that the payment of costs. gies, medicine reactions or unusus in: (If none, please write the wor ildren, myself, my heirs, executors alifornia State PTA, the local PTA reganizations, acting officially or which in any way arise from the es.
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos to digment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/w the the properties of the thing the physical conditions, which should be none." If yes, put first name of child I/we, as parent(s) or guardian(s) of the and administrators, release and forevand all officers, directors, employ otherwise, from any and all claims, participation of any individuals listee By signing below, I confirm that I he this is a release of liability and sign I. Parent/Guardian Signature	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, suggeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller se made known to a treating physicia land the allergy/condition.): se minor(s), do hereby, for my child/ch er discharge and hold harmless the C eces, agents and volunters of the c demands, actions or causes of action d above in any PTA sponsored activiti ave carefully read and fully underst sed it of my own free will. Print	gency. I hereby give permission to verx x-ray, examination, anesthetic, considered necessary in the best yo or under the supervision of the se. It is further understood that the payment of costs. gies, medicine reactions or unusus un: (If none, please write the wor lildren, myself, my heirs, executors alifornia State PTA, the local PTA the local PTA which in any way arise from the es. tand its contents. I am aware tha Name Dat
In the event that I, or other parentigs secure proper treatment for my child medical, surgical or dental diagnos judgment of the attending physician medical staff of the hospital or facili undersigned will assume full respons I/we hereby advise that the above-en physical conditions, which should b "none". If yes, put first name of child I/we, as parent(s) or guardian(s) of thand administrators, release and forevand all officers, directors, employ otherwise, from any and all claims, participation of any individuals liste By signing below, I confirm that I is this is a release of liability and sign I. Parent/Guardian Signature 2.	airdian, cannot be reached in an emer (ren). I/we do hereby consent to whate sis or treatment and hospital care are a, suggeon or dentist and performed I by furnishing medical or dental servic sibility for any such action, including, umed minor(s) has the following aller se made known to a treating physicia land the allergy/condition.): se minor(s), do hereby, for my child/ch er discharge and hold harmless the C eces, agents and volunters of the c demands, actions or causes of action d above in any PTA sponsored activiti ave carefully read and fully underst sed it of my own free will. Print	gency. I hereby give permission to verx -ray, examination, anesthetic considered necessary in the bes yo or under the supervision of the set. It is further understood that the payment of costs. gies, medicine reactions or unusus un: (If none, please write the wor lildren, myself, my heirs, execution alifornia State PTA, the local PTA reganizations, acting officially or which in any way arise from the es. tand its contents. I am aware the Name Date

Waiver





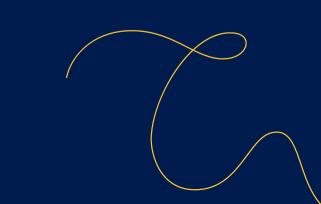
MANDATORY STUDENT AND PARENT/GUARDIAN MEETING

All students participating in Grad Nite must attend this meeting with a parent/guardian.

Date: Monday, April 28th



Grad Nite Info Flyer



GONTAGIS

Maggie Crail
Assistant Principal, Student Affairs mcrail@fjuhsd.org

Kelly Virden
ASB Teacher
kvirden@fjuhsd.org