

PROJECT GRADUATION 2019

Summit High School PO Box 202, Summit NJ 07902-2020

PERMISSION SLIP

Name of Graduate attending: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____
(Number where you can be reached during the event)

Information regarding special needs/condition of graduate: _____

Medications currently taking: _____

Special Dietary Needs: _____

The undersigned parent/guardian and student agree to hold harmless the sponsors of Project Graduation, i.e., Summit Community Club, Lifetime Fitness and all volunteers associated with the event, for any accident that may occur from activity involvement. We understand that this is not a school-sponsored event but all regular school and field trip rules and regulations apply with respect to conduct and substance abuse.

Project Graduation will be held at Lifetime Fitness on Wednesday, June 19, 2019.

Graduates are to meet at the high school parking lot near the cafeteria. Buses will leave approximately 45 minutes after the end of the ceremony and will return students to the SHS parking lot between 2:00-2:30. No graduate will be permitted to leave before Project Graduation is over unless a parent/guardian picks him/her up with a photo ID at Lifetime Fitness (must be arranged in advance).

Parent/Guardian Signature

Graduate Signature

Please return to PO Box 202, Summit NJ 07902-2020 by Wednesday, May 1, 2019

Payment Information: Admission price at \$130.00 _____

Additional Donation _____

Flamingo Flockings Total (from Page 2) _____

TOTAL AMOUNT ENCLOSED _____

Checks should be payable to SHS PTO and write Project Graduation in the Memo line. Reminder: No graduate will be denied attendance if parent donation is not possible.