

# HHS WINTER FORMAL - CURRENT HHS STUDENT

<b>HHS Student Name – PLEASE PRINT</b>	<b>HHS Student ID Number</b>
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*Homestead High School Winter Formal Permission & Medical Authorization Form*

**Thursday, December 19<sup>th</sup>, 2019 | Villa Ragusa | 35 S. 2<sup>nd</sup> St. | Campbell CA, 95008 | 7:00 – 10:00PM**

The **WINTER FORMAL** is a school sponsored event and that all school rules and policies apply. Students must abide by the FUHSD Code of Conduct as representatives of the school and district. Administrators, teachers and security personnel will be present from its start (7:00PM) to its conclusion (10:00PM). Anyone attending the dance that we determine to be under the observable influence of any controlled substance or exhibiting any inappropriate behavior will be detained until a parent is contacted to pick up the student. Students and their belongings are subject to search at the door. Dance bids are not transferable. All attending students or guests must be between the ages of 14 – 20. Students and their dates must bring a photo ID. HHS Students must have their current school ID. Lost or stolen items are not the responsibility of HHS or FUHSD. Students wishing to leave the dance early will be allowed to leave at 9:00PM. Once a student leaves, they cannot return. At the conclusion of the event (10:00PM), all attendees are responsible for their own transportation. Supervision of students is not guaranteed starting at 10:15PM.

***This signed FORM is due to the ASB office immediately after the online purchase of a dance ticket. Payment is received at [hhs.fushd.org](http://hhs.fushd.org), see 'STUDENT STORE'. Students are not registered until this form is turned in. Tickets are non-refundable.***

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity. I hereby waive any and all claims which I have, jointly or separately, against Homestead High School, the FUHSD, and/or the State of California and/or their officers, agents, or employees, for injury, accident, illness, or death occurring during or by reason at the Winter Formal.

Parent Guardian's Printed Name	Parent Guardian Signature	Student Signature
Parent Cell Phone Number	Parent Home Phone Number	Emergency Contact Information (cannot be the same as parent)
		Name:
		Phone:
Check Box: <input type="checkbox"/> My student has NO special health needs the staff should be aware of. NO medication is required for the trip.	If you are bringing an HHS student as a guest, please provide their name and HHS ID Number below. <b>They will still need to completed their own HHS Student permission slip and pay online. Guests that are NON HHS students must complete a separate NON HHS student permission slip.</b>	
<input type="checkbox"/> My student has a special health need, (please state)	Guest Name	GUEST School or HHS ID #

ASB OFFICE USE ONLY:

**ASB Card Holder:**  
Yes / No

**Payment:**  
Online    Cash    Check

**Amount:** \_\_\_\_\_