

3200 JAGUAR RUN, TRACY CA 95377 PHONE: (209) 832-6600, FAX (209) 832-6601

## PROM CONTRACT – APRIL 30, 2022

Students bringing a guest to KHS for PROM must abide by the following rules:

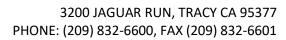
- ✓ Guest must be between the ages of 14-20. NO EXCEPTIONS!
- ✓ A copy of guest's current school ID must be attached to this form. If the guest has already graduated, he/she must attach a copy of his/her driver's license or non-driver state ID to this form.
- ✓ KHS students must bring their current KHS ID & guest must bring the ID that matches the attached photocopy and show it at the door check-in.
- ✓ Students and guest must follow standards expected of KHS in their dress code, language, and dancing. Good behavior and cooperation are required. Failure to do so will result in both individuals being subject to disciplinary action.
- ✓ The following are specifically prohibited at PROM, a school sponsored dance: sexually explicit dancing, dancing that can result in an injury or which may be a personal safety hazard, consumption or being under the influence of alcohol or drugs.
- ✓ Dances are a privilege; No guest or student who is suspended, expelled or under any disciplinary investigation will be allowed.

## 11<sup>th</sup> / 12<sup>th</sup> KHS Student Information

Student Name:		Grade:	_ ID#
Student Signature:			
Parent/Guardian (Please Print)	:		
Parent/Guardian Signature:			
********	**********	*******	********
	t guarantee permission to attend. day School or misconduct you will	•	
	Library Fines (0) zero – Student – LIBRARIAN SIGNA		
	Saturday School Hours		

Bookkeeper Fines \_\_\_\_\_

(0) zero - Student - BOOKKEEPER OFFICE





VE	GAN PLATE YES NO				
		2021-2022 Stu ID	· #-		
	TRACVI	INIFIED SCHOOL DISTRICT	π.		
EMI		ICULAR ACTIVITY RELEASE AND CER	TIFICAT	ION OF VALI	D
-		/HEALTH INSURANCE (form)		IOIT OF TIES	_
NOTE		FOR EACH ACTIVITY/FIELD TRIP AND	MUST B	E SIGNED A	ND
RETU	RNED TO THE APPROPRIATE SCHOOL	L, COACH, ADMINISTRATOR PRIOR TO	PARTICI	PATION IN T	HE
	TIFIED ACTIVITY. NO VERBAL APPROVA				
		, a student attending the Tracy			
		sibility of injury and resultant medical exper			
-		vent Center, Pleasanton On Saturday, 4/30/2022			ion
to par	ticipate in the activity. By checking the app	ropriate line and signing below, I acknowledg	e the follo	wing:	
*******					
		s adequate to pay for and reimburse us for me			
		ries that may result from participation in the	activity.	I will continu	e
this n	nedical coverage in force throughout the time				
		ompany name:			
_		ol District's Student Accident Plan provided	through	Pacific Educat	ors
Insur	ance, by selecting the following:				
	See Pacific Educators Voluntary Student	Options (All Plans are a ONE TIME annual	Low	High	
	Accident Insurance brochure for more details	payment)		_	
		At School Plan	A11 00	***	
	www.peinsurance.com	Grades Pre-K-8	\$11.00	\$25.00	
	000 700 2205	Grades 9-12	\$24.00	\$54.00	
	800-722-3365	24-Hour-A-Day Plan Grades Pre-K-8	\$75.00	\$161.00	
		Grades 9-12	\$92.00	\$192.00	
		Optional Tackle Football Coverage	902.00	Q102.00	
		Grade 9	\$36.00	\$80.00	
		Grades 10-12	\$84.00	\$177.00	
		Extended Dental Option (medical must be			
		purchased. Coverage cannot stand alone)	\$6.00	**********	
I here	by authorize the Tracy Unified School District ar	nd its authorized representatives to obtain or pro-	ride reason	able medical an	d/or
-		ill or injured while participating in the extra cu			
	The state of the s	resentatives from any and all liability result	the second second		
		ons 35330 and 49407). I understand that this au			
		and provides authority and power to the aforemen			
		hospital care which a licensed physician or de employees and its Board assume no liability of			
		r understand that all costs of paramedic transport			
	nation, X-ray, or treatment provided in relation to		ation, nosp	realization, and	any
	anna, a ray, or areament provided in reminer to	the name of my responsionly.			
SIGN	ATURE OF PARENT/GUARDIAN:				
PRIN	T NAME (Parent/Guardian):				
ADDI	RESS AND PHONE NO:	D	ATED:		