



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.

11th / 12th KHS Student Information

Student Name: _____ Grade: _____ ID# _____

Student Signature: _____

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

This does not guarantee permission to attend. If you become INELIGIBLE due to Saturday School or misconduct you will not be admitted to prom.

Library Fines _____ (0) zero – Student – LIBRARIAN SIGNATURE Saturday School Hours _____ 14 or Less – Student – ATTENDANCE OFFICE Bookkeeper Fines _____ (0) zero – Student – BOOKKEEPER OFFICE
--



VEGAN PLATE YES NO

2021-2022

Stu ID #:

TRACY UNIFIED SCHOOL DISTRICT

EMERGENCY TREATMENT, EXTRA CURRICULAR ACTIVITY RELEASE AND CERTIFICATION OF VALID MEDICAL/HEALTH INSURANCE (form)

NOTE: THIS FORM MUST BE COMPLETED FOR EACH ACTIVITY/FIELD TRIP AND MUST BE SIGNED AND RETURNED TO THE APPROPRIATE SCHOOL, COACH, ADMINISTRATOR PRIOR TO PARTICIPATION IN THE IDENTIFIED ACTIVITY. NO VERBAL APPROVALS WILL BE ACCEPTED.

I, as the parent or guardian of: _____, a student attending the Tracy Unified School District, at (school): Kimball High School, recognize the possibility of injury and resultant medical expenses due to participation in Kimball PROM (name of activity) at Palm Event Center, Pleasanton on Saturday, 4/30/2022. He/She has my permission to participate in the activity. By checking the appropriate line and signing below, I acknowledge the following:

_____ 1. Our personal health or group insurance is adequate to pay for and reimburse us for medical, dental, hospital and surgical expenses that may be incurred due to injuries that may result from participation in the activity. I will continue this medical coverage in force throughout the time of the activity.

Policy #: _____ Company name: _____

_____ 2. I will purchase the Tracy Unified School District's Student Accident Plan provided through Pacific Educators Insurance, by selecting the following:

<i>See Pacific Educators Voluntary Student Accident Insurance brochure for more details</i>	Options (All Plans are a ONE TIME annual payment)	Low	High
	At School Plan		
www.peinsurance.com	Grades Pre-K-8	\$11.00	\$25.00
	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		
	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 hereby authorize the Tracy Unified School District and its authorized representatives to obtain or provide reasonable medical and/or emergency treatment for my child if he/she becomes ill or injured while participating in the extra curricular activity. **I agree to release and hold harmless the District and its representatives from any and all liability resulting from such injury and/or treatment. (See California Education Code Sections 35330 and 49407).** I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that the Tracy Unified School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME (Parent/Guardian): _____

ADDRESS AND PHONE NO: _____ DATED: _____