

ANTELOPE VALLEY HIGH SCHOOL

Enchanted Rose Garden Prom 2025

JUNIOR/SENIOR PROM

DATE & TIME:	Saturday, April 26, 2024 7:00 - 11:00 pm
PLACE:	Rose Garden Estates, Tehachapi, CA (transportation by bus only)
THEME:	Enchanted Rose Garden
SALES DATES & COST:	2/4 & 2/18(<i>student store afterschool</i>)-\$100 w/VIP, \$110 w/o, \$125 Approved Guest 2/4 through 2/18 (<i>online</i>) \$110 - no VIP discount 2/19 through 3/11(<i>online</i>) \$125 - no VIP discount 3/11/25 (<i>student store afterschool</i>) \$120 w/VIP, \$125 w/o, \$125 Approved Guest

No refunds can be made.

- ❖ Student & Guest Applications will be available in the Athletics Office on Tuesday, 1/14/25. Only guests **age 20 and under** will be permitted to attend on an approved guest application. A current driver's license or California ID is required for non-student guests.
 - Wednesday, January 29, 2025 - Last day to submit AV student and guest applications.
- ❖ In order for student and guest applications to be approved, they must be in good standing with grades, attendance, discipline, and fees. Approval must be obtained prior to ticket purchase. Students will be informed through email if their application was approved.
- ❖ Tickets will be sold after school at the Student Store on February 4th & Feb 18th (2:45 – 3:45 pm). Current high school IDs must be shown by the student when purchasing a ticket. Only cash, credit card or money orders made out to AVHS will be accepted – no checks.
 - AVHS students and their Guest's ticket must be purchased together on the same day.
- ❖ This is a formal dance. Girls are to wear formal or semi-formal dresses. No bare midriffs, exposed lower backs or dresses which are low-cut in the front. Hemlines need to be at knee length or longer. Slits must be at mid-thigh or lower. Boys are to wear suits, dinner jackets or a tux. Chains and walking canes will *not* be allowed.
- ❖ Check in will begin at 4:30pm* in the 900s. All attendees must be checked in by 5:00pm*. High school students must have their school ID and non-student guests must have a valid driver's license or state issued ID.
- ❖ All attendees will be subject to a search upon arrival. School officials may also search attendee's property (including but not limited to purses) or district property under the attendee's control when there is a reasonable suspicion that the search will uncover evidence that the attendee is violating the law or District policies.
- ❖ O'Connor Photography will be taking photos prior to leaving to the venue please arrive by 4:30pm* if you plan on taking professional photos.
- ❖ Transportation is by bus (no exceptions). Buses will depart at 5:45pm*. Once attendees have checked in there are no in and/or outs permitted.
 - For further information contact the Junior Advisor, Mrs. Newton in the front office, call 948-8552 ext. 108, and/or email anewton@avhsd.org

**these times are tentative, actual times will be sent at the time of application approval*

Enchanted Rose Garden Prom Application 2025

(FOR AVHS JUNIOR & SENIOR STUDENTS ONLY)

DATE & TIME: Saturday, April 26, 2024 7:00 - 11:00 pm
PLACE: Rose Garden Estates, Tehachapi, CA (transportation by bus only)
THEME: Enchanted Rose Garden
ATTIRE: Formal/Semi-formal

Check in will begin at 4:30pm in the 900s. All attendees must be checked in by 5:00pm*. High school students must have their school ID and non-student guests must have a valid driver's license or state issued ID. Transportation is by bus (no exceptions). Buses will depart at 5:45pm*. Once attendees have checked in there are no in and/or outs permitted.*

**these times are tentative, actual times will be sent closer to date*

COMPLETE and SUBMIT this Form to the Activities Office no later than 4:00 pm on January 29, 2025

PARTICIPANT CRITERIA

POSITIVE DISCIPLINE, ATTENDANCE, & GPA- Any missing information or criteria not met will delay or deny your clearance. Reasons for denial are solely based on the discretion of an administrator. Only after your application has been reviewed and cleared, may you purchase a prom ticket. An email will be sent to your student email with a clearance status prior to the ticket sales date(s).

AVHS STUDENT INFORMATION

_____		_____		_____
First Name (Print)		Last Name (Print)		Student ID Number
Gender: M / F		Grade: 11 / 12		Date of Birth: _____
Address: _____			City/State: _____ Zip: _____	

_____		_____		_____
Print Parent/Guardian Name #1		Relationship		Phone Number
_____		_____		_____
Print Parent/Guardian Name #2		Relationship		Phone Number

EMERGENCY INFORMATION

Emergency Health Information- California Civil Code Section 25.8 and the California Education Codes 35350, 49407, 49408, 49409, and 49474 provide for the protection of a pupil's health and welfare. They further authorize the transportation of students in an emergency arising from illness or injury, and the treatment by school personnel and medical professionals to provide reasonable treatment without the consent of guardian and without liability. The undersigned legal guardian of the minor student hereby authorizes the principal or designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that the AVUHSD, its officers, and its employees, assume no liability of any nature in relation to the transportation of said minor. I further understand that all cost of transportation, hospitalization, and any examination, or treatment provided in relation to this authorization shall be borne by the undersigned.

Is the guest currently under treatment for any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Diabetes (may include insulin, glucagon injections) | <input type="checkbox"/> Asthma (taking regular medication) |
| <input type="checkbox"/> Seizure (taking daily medication) | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Allergy to Medication(s) | <input type="checkbox"/> None Apply |
| <input type="checkbox"/> Epi-pen (for prevention of severe allergies/anaphylaxis) | |

Please list any medication allergies and/or any specific details regarding medical concerns:

Please list TWO additional ADULTS that are permitted to be contacted in case of an EMERGENCY.

Emergency Contact #1 _____ Relationship: _____ Phone # _____

Emergency Contact #2 _____ Relationship: _____ Phone # _____

PROM GUEST CRITERIA

If you plan on bringing a guest, you must pick up a guest application from the Activities Office. The guest must complete the application and have their school sign it. The application must be submitted to the Activities Office no later than 4:00 p.m. on January 27, 2025.

- Your GUEST must be in high school (9th, 10th, 11th or 12th grade) or can be an individual not in high school but must be UNDER the age of 21. *Guests that have been alternatively placed at any District school for discipline reasons DWHS/Phoenix HS may not be eligible to attend Prom.
- GUESTS from other schools must be in good standing (good behavior and good attendance). An ADMINISTRATOR from the guest’s high school must sign the guest application request AND attach a business card or official school stamp.
- The guest application must be accompanied by a completed EMERGENCY form.
- A PHOTOCOPY of a valid school ID/driver’s license/CA ID must be provided with the Guest Application.
- ALL students AND approved guests MUST bring a current/valid picture ID on the DAY OF THE EVENT.
- Guests are required to wear appropriate attire and appropriate behavior is expected.
- Non-compliance with dress and behavior will result in no admittance and no refund.
- Guest pass must be approved prior to the purchase of tickets. Guest’s ticket must be purchased at the same time as the AVHS student purchases their ticket. All ticket sales are non-refundable and non-transferable.

I understand that if I choose to bring a guest, I am required to fill out a SEPARATE Guest Application, located in the Activities office. I understand that if my guest is in high school, they must get approval from their school's administration. I also understand that if my guest is not in high school, they must be 20 years of age or younger. I will submit the paper Guest Application to the Activities office no later than 4:00 pm on January 27, 2025.

Will you be bringing a guest? Y / N If yes, Guest’s Name _____

Student Initials _____

PROM AGREEMENT

Your signature below indicates that you have reviewed and understand the event terms, policies, rules, and expectations. our signature also indicates that you will comply with the items below and the consequences for not doing so. APPLICATION - Prior to purchasing tickets to the PROM, ALL potential participants must first be approved by the Activities Office for positive Discipline, Attendance, & GPA Clearance requirements. Reasons for denial are solely based on the discretion of an administrator. If the student fails to maintain these requirements AFTER tickets have been purchased, they will not be able to attend the event and the ticket(s) will not be refunded. Purchased tickets are non-refundable and non-transferrable. VALID IDs - AVHS students must have a current school ID to purchase tickets AND for admission into the event. ID must remain in the possession of the participant for the duration of the event. BEHAVIOR - PROM, AVHS, and AVUHSD behavior expectations and policies have been reviewed. Failure to abide by these expectations and policies will immediately terminate participation in the event and may also result in disciplinary action. DRESS CODE - PROM Dress Code policies have been reviewed. Failure to abide by the dress code will prohibit participation in the event. PROHIBITED ITEMS - Prohibited or inappropriate items will be confiscated and may result in removal from the event and disciplinary actions. All attendees will be subject to a search upon entering the event facility. School officials may also search attendee’s property (including but not limited to backpacks, purses) or district property under the attendee’s control when there is a reasonable suspicion that the search will uncover evidence that the attendee is violating the law or District policies. Purchased tickets are non-refundable and non-transferrable.

I _____ (handwritten name) PARENT/GUARDIAN of
_____ (handwritten student name) student ID# _____

give permission for my child to attend AV High School’s PROM on April 26, 2025. I also agree to adhere to all of the above terms, policies, rules and expectations. I also understand that failure to do so by either my student, or myself will result in my student being removed from PROM with NO REFUND of the ticket purchase.

Parent/Guardian (signature): _____ Date: _____
Please take or make a photocopies of these forms for your own records.

TO BE COMPLETED BY THE AVHS ACTIVITIES OFFICE

APPROVED / DENIED DATE: _____ AVHS VP Office: _____



VOLUNTARY ACTIVITY PARTICIPATION FORM

PERMISSION, ASSUMPTION OF RISK AND EMERGENCY MEDICAL AUTHORIZATION

No student will be permitted on the field trip unless this completed and signed authorization is submitted prior to the field trip. Verbal authorizations will not be accepted.

Field Trip Destination: Rose Garden Estates, Tehachapi, CA Club/Organization: Junior/ Seniors/ Underclass Guests

Student's Name: Student's ID #: Address: SEE ATTACHED AVHS PROM APPLICATION 2025* Parent/Guardian Name: *see attached Phone Number: Emergency Contact: *see attached Phone Number:

Expected Departure Date & Time: 4/26/25 @ 5:45 a.m./ p.m. Expected Return Date & Time: 4/27/25 @ 12:30 a.m. / p.m. Method of Transportation: District Bus/ Vehicle Personal Vehicle Parent Volunteer

Medical Conditions/ Medications: My student does not have a medical condition to be aware of and no medication is required on the trip. My student has the following medical condition(s)/ allergies and requires the following medication:

By signing below, I acknowledge and agree as follows:

- 1. These activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
2. Some of the injuries/illnesses that may result from participating in these activities include but are not limited to the following: Sprains/Strains, Fractured bones, Unconsciousness, Head and/or back injuries, Loss of eyesight, Paralysis, Communicable disease, Death
3. Participation in this field trip is voluntary and as such is not required by the District. I agree to assume liability and responsibility for any and all potential risks which may be associated with participation of this activity.
4. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the student's participation in this field trip.
5. Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
6. If an injury or medical emergency occurs during the field trip, notice to me and/or the emergency contact may be delayed; circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.
7. Consent to Searches: The District provides parking at school sites and at the District office for use by visitors, students and staff. By entering District parking lots, the person in charge of the vehicle acknowledges that bringing a vehicle onto District property constitutes consent to the search of such vehicle and its contents. School officials may also search students, student's property (including but not limited to backpacks, purses) or district property under the student's control when there is a reasonable suspicion that the search will uncover evidence that the student is violating the law or District policies.

Dated:

Signature of Parent

Signature of Student

FORMATO DE PARTICIPACIÓN DE ACTIVIDAD VOLUNTARIA

PERMISO, ACEPTACIÓN DEL RIESGO Y DE LA AUTORIZACIÓN MÉDICA DE URGENCIA

No se permitirá a ningún estudiante ir a la excursión a menos que presente esta autorización cumplimentada y firmada antes de la excursión. No se aceptarán autorizaciones verbales.

Nombre del estudiante: _____ # ID del estudiante: _____

Domicilio: VER LA SOLICITUD AVHS PROM 2025 ADJUNTA*

Nombre del padre/tutor: *ver adjunto Número de Teléfono: *****

Contacto de emergencia: *ver adjunto Número de Teléfono: *****

¿Recibe el estudiante servicios de educación especial? SI NO

Destino de la excursión: Gradin de Rosas, Tehachapi, CA Club/Organización: Estudiantes del 3er & 4to año

Fecha y hora de salida previstas: 4/26/25 @ 5:45 a.m./ p.m.

Fecha y hora previstas de regreso: 4/27/25 @ 12:30 a.m. / p.m.

Método de transporte: Autobús/vehículo del Distrito Vehículo personal Padre Voluntario

Condiciones Médicas / Medicamentos:

Mi estudiante no tiene ninguna enfermedad que se deba conocer y no necesita medicación durante el viaje.

Mi estudiante padece la(s) siguiente(s) enfermedad(es)/alergia(s) y necesita la siguiente medicación:

Al firmar a continuación, reconozco y acepto lo siguiente:

- Estas actividades, por su propia naturaleza, suponen un riesgo potencial de lesiones/enfermedades graves para las personas que participen en ellas.
- Algunas de las lesiones/enfermedades que pueden derivarse de la participación en estas actividades son, entre otras, las siguientes:
 - Esguinces/distensiones
 - Fractura de huesos
 - Inconsciencia
 - Lesiones en la cabeza y/o la espalda
 - Pérdida de la vista
 - Parálisis
 - Enfermedad contagiosa
 - Muerte
- La participación en esta excursión es voluntaria y como tal no es requerida por el Distrito. Estoy de acuerdo en asumir la responsabilidad por cualquier y todos los riesgos potenciales que pueden estar asociados con la participación de esta actividad.
- La Sección 35330 del Código de Educación de California establece que: "Se considerará que todas las personas que realicen el viaje de estudios o la excursión han renunciado a toda reclamación contra el distrito o el Estado de California por lesión, accidente, enfermedad o muerte ocurridos durante el viaje de estudios o la excursión o por causa de los mismos." Comprendo y acepto que no puedo responsabilizar al Distrito, sus funcionarios, agentes o empleados por ninguna reclamación que surja de, o que esté relacionada de alguna manera con, la participación del estudiante en esta excursión.
- Los estudiantes deben obedecer todas las normas y requisitos de seguridad de la excursión, así como los códigos de conducta y las normas generales de respeto a las personas y a la propiedad y de buen comportamiento. Entiendo y acepto que el incumplimiento por parte del estudiante de las normas de la excursión o de los requisitos de seguridad puede tener como consecuencia que el estudiante sea enviado a casa, a mi cargo, y que como consecuencia de ello se le prohíba participar en futuras excursiones.
- Si se produce una lesión o emergencia médica durante la excursión, es posible que se retrase la notificación a mí y/o al contacto de emergencia; circunstancias, es posible que se retrase la notificación a mí y/o al contacto de emergencia de la lesión o emergencia médica. Por lo tanto, cualquier proveedor de cuidados urgentes o de emergencia tiene mi autorización expresa para llevar a cabo procedimientos de diagnóstico o anestésicos, y/o para proporcionar cuidados o tratamientos médicos (incluida la cirugía), según considere razonable o necesario en todas las circunstancias existentes. Todos los costes y gastos asociados a dicha atención son de mi exclusiva responsabilidad.
- Consentimiento para registros: El Distrito proporciona estacionamiento en las escuelas y en la oficina del Distrito para uso de visitantes, estudiantes y personal. Al entrar en los estacionamientos del Distrito, la persona a cargo del vehículo reconoce que traer un vehículo a la propiedad del Distrito constituye el consentimiento para el registro de dicho vehículo y su contenido. Los funcionarios escolares también pueden registrar a los estudiantes, la propiedad del estudiante (incluyendo pero no limitado a mochilas, bolsos) o la propiedad del distrito bajo el control del estudiante cuando hay una sospecha razonable de que la búsqueda descubrirá evidencia de que el estudiante está violando la ley o las políticas del Distrito.

Fecha: _____

Firma del Padre

Firma del estudiante