# 2024-25 Senior Ball at The Pearl, SF - May 17, 2025

## **VENUE & TRANSPORTATION INFORMATION**

- Senior Ball will be held at The Pearl in San Francisco
- All students attending must ride the bus to and from the venue. Cost of transportation is included in the ticket price.
- Attendees are to arrive at FHS for check-in and bus loading Check emails for more information regarding check-in time and procedures
- You may park in the Foothill Gold lot if you are leaving your vehicle at Foothill during the event
- If you miss the bus, you will not be able to attend Senior Ball and your ticket will NOT be refunded

## **TICKET SALES**

- Tickets MUST be purchased on GoFan. If you are unable to purchase using a credit card, please see Mrs. Young before or after school
- Contracts and Guest Contracts (if bringing a guest) must be turned in April 22 May 2, DURING LUNCH ONLY by the front office
- After the Form(s) are verified, the student's ID number will be Activated on GoFan to purchase ticket(s)
- Activation on GoFan may take up to 6 hours after your completed forms have been turned in

# PRICES (includes all event activities, bus transportation & food)

Tuesday, April 22nd - Sunday, April 27th \$210 (ASB Discount Price \$200) Monday, April 28th - Friday, May 2nd \$230 (ASB Discount Price \$220)

\* Please note: If you have any financial concerns, please speak with your counselor for assistance.

## **GUEST TICKETS (if bringing a guest)**

- Guest contracts **MUST** be submitted with the host contract (You <u>CANNOT ADD</u> a guest after your forms have been submitted)
- Guests may be a non-senior FHS student or a non-FHS student of high school age or under age 21 at time of event
- **ALL REQUIRED SIGNATURES** must be completed on the **Contract, Guest Contract** and **both Emergency Medical forms** <u>before</u> submitting your packet at the turn-in table
- If the guest is not a high school student, they must have a current state issued ID (attach a copy to the guest contract)
- All guests must arrive and stay with their host during check-in, on the bus and at the event

Note: All FHS Seniors attending Ball must complete their OWN Contract, NOT the guest contract of another FHS Senior.

## **EMERGENCY FORM**

- All students and guests must complete the "PUSD Student Field Trip Authorization Emergency Medical Information" form in this packet

### **ATTIRE**

- Senior Ball is a formal event
- All garments must adhere to the Foothill High School dress code
- Shoes must be worn at all times (wear comfortable shoes **or** bring a change of shoes coat check is provided)

## **ASB DISCOUNT TICKETS**

- ASB prices will only apply to the FHS students who purchased ASB membership for 2024-25; discounts will not be applied for guests unless they are a current FHS ASB member.

## **CHECK-IN / ADMISSION**

Attendees MUST bring their Current school photo ID, or state issued ID (if a guest) and GoFan ticket on their electronic device

## **PUSD ATTENDANCE POLICY**

- PUSD Students must maintain a minimum attendance rate of at least 80% this semester and have no more than 10 unexcused tardies to attend a PUSD sponsored dance event. If you are in violation of the policy, your ticket will be revoked and/or refunded.

#### REFUNDS

- **No refunds will be issued for Senior Ball tickets purchased**, except when either the attendance or discipline policies are violated prior to the event date.

# 2024-2025 FHS SENIOR BALL CONTRACT

## THIS FORM MUST BE COMPLETED BY ALL FHS SENIORS ATTENDING BALL

## Rules

- Students must bring a valid picture ID to the event check-in.
- Students will be searched upon arrival
- NO DRUGS, ALCOHOL, OR NICOTINE Anyone in possession of/or under the influence of a controlled substance will be
  detained until a guardian or authorities arrive. Violations will result in administration of school consequences. All
  PUSD/School and State/Fed rules apply to this event
- Students must maintain a minimum attendance of 80% and have no more than 10 unexcused tardies
- FHS has the right to deny entry or involvement at any time of this event and future events if rules have been violated
- All attendees must ride the busses provided to and from the event
- Students will not be allowed to leave the event early or arrive late

<u>FHS STUDENT</u>	
(Print legibly) FHS Student Name:	Student ID#:
Student Signature:	Date:
Check one box	
☐ Bringing a FHS student (Non-Senior) (complete GU	EST Contract as well)
☐ Guest is a Non-FHS high school student (complete G	UEST Contract as well)
☐ Not bringing a Guest	
FHS PARENT/GUARDIAN	
Your attention is directed to Education Code Section 35330. This law have waived all claims against the District or the State of California the field trip"	
Further, the parent/guardian(s), by acknowledging this field trip authoration in this field trip is strictly voluntary, not required attended.	
Parent/Guardian Phone number: Pare	ent/Guardian Name:
Parant/Guardian Signatura	Note:

All Foothill Seniors must complete their OWN Contract.

REMINDER: COMPLETE the PUSD EMERGENCY MEDICAL FORM on the next page

# PLEASANTON UNIFIED SCHOOL DISTRICT STUDENT FIELD TRIP AUTHORIZATION EMERGENCY MEDICAL INFORMATION

Name of Child: _	***************************************	***************************************		Date:	Student ID#:
Name of Parent/G	Suar	dian:		Home Phone:	
Work Phone #1: _		73.7.4.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Cell Phone:	
Name of Physicial	n:			Physician Phone:	
Name of Dentist:	·			Dentist Phone:	
Name of Medical	Insu	rance Company:			
Group/Coverage I	Num	ber:	W. W. F. June 1		
Allergic to the follo	owin	g:			
List medications y	our	student needs during the fie	eld trip:		
I		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	edication Consent Form (required
2					
1		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	` .
3		The last transfer of the last	W-1		
Special Instruction		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	edication Consent Form (required
for any emergenc	y me	edical treatment, including a	ny x-ra	pol District, to whose care my child has y examination, anesthetic, medical or s y physician, surgeon, medical practition	surgical diagnosis or treatment and
Signature of Pare	nt/G	uardian Date		***************************************	
		_ received medications fron	n paren		nedications to parent
initial & data			-	initial & data	•

. School Attendance Office

Field Trip Form 6153C

Distribution:

Field Trip Teacher

# 2024-2025 FHS SENIOR BALL GUEST CONTRACT

THIS FORM MUST BE COMPLETED and turned in with the Host Senior's Contract IF THEY ARE BRINGING a GUEST

## **Rules**

- Guests must bring a valid picture ID to the event (e.g. school id or state issued ID) & Check-in with their FHS Host
- Students and guests will be searched upon arrival
- NO DRUGS, ALCOHOL OR NICOTINE Anyone in possession of/or under the influence of a controlled substance will be
  detained until a guardian or authorities arrive. Violations will result in administration of school consequences. All
  PUSD/School and State/Fed rules apply to this event
- PUSD students must maintain a minimum attendance of 80% and have no more than 10 unexcused tardies
- FHS has the right to deny entry or involvement at any time of this event and future events if rules have been violated
- All attendees must ride the busses provided to and from the event
- Students will not be allowed to leave the event early or arrive late

# **FHS STUDENT**

<u>LU9 910NENI</u>		
(Print legibly) Name of FHS Student (bring	ing guest):	
Check one box		
☐ Guest is a FHS, AVHS or VHS stud	lent (and non-FHS Senior) - do not need any Admin signatu	res
☐ Guest is a Non-PUSD high school :	student - MUST complete all fields below (including BOTH	Admin Signatures)
Guest is out of high school (and ur	nder the age of 21) - <mark>attach a copy of state issued ID</mark> (e.g	g. driver's license) and <b>obtain the</b>
<del>-</del>	ing in forms (Guest School Admin signature not required)	
To obtain <b>FHS Admin signature,</b> FHS student pla	aces form in the front office red bin, & pick up in the green bin <u>be</u>	efore submitting packet for ticketing.
	Section 35330. This law states, in part, "all persons making the State of California for injury, accident, illness or deat	•
, , , ,	edging this field trip authorization, fully understands and rentary, not required attendance, and that they are subject to	•
GUEST STUDENT		
(Print Legibly) Name of Guest:	Student ID	#:
Guest Signature:	Date:	
School of Guest:	Age:	
Parent/Guardian Phone number:	Parent/Guardian Name:	
Parent/Guardian Signature:	D	ate:
Complete the following if the Guest is not a stu	ident in PUSD:	
Guest School Administrator Name	Guest School Administrator Signature	Date
FHS Administrator Name	FHS Administrator Signature	- <del></del> Date

Attach guest school's Administrator's business card or a copy of the guest's state issued ID if not in high school

# PLEASANTON UNIFIED SCHOOL DISTRICT STUDENT FIELD TRIP AUTHORIZATION EMERGENCY MEDICAL INFORMATION

Name of Child: _	***************************************	***************************************		Date:	Student ID#:
Name of Parent/G	Suar	dian:		Home Phone:	
Work Phone #1: _		73.7.4.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Cell Phone:	
Name of Physicial	n:			Physician Phone:	
Name of Dentist:	·			Dentist Phone:	
Name of Medical	Insu	rance Company:			
Group/Coverage I	Num	ber:	W. W. F. June 1		
Allergic to the follo	owin	g:			
List medications y	our	student needs during the fie	eld trip:		
I		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	edication Consent Form (required
2					
1		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	` .
3		The last transfer of the last	W-1		
Special Instruction		Already in Health Office		Parent will provide medication with Me for prescription and over the counter	edication Consent Form (required
for any emergenc	y me	edical treatment, including a	ny x-ra	pol District, to whose care my child has y examination, anesthetic, medical or s y physician, surgeon, medical practition	surgical diagnosis or treatment and
Signature of Pare	nt/G	uardian Date		***************************************	
		_ received medications fron	n paren		nedications to parent
initial & data			-	initial & data	•

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