

Last name: \_\_\_\_\_

## 2016 Junior Prom Permission Pass Form

Saturday, March 12th 7:30 pm - 11:00 pm

Coyote Creek Golf Club

One Coyote Creek Golf Drive, Morgan Hill 95037



**LYNBROOK  
HIGH SCHOOL**

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Dear Parents/Guardians,

The following is information, guidelines and **permission pass** that must be turned in for your student to attend the Junior Prom:

- **Permission pass** and **parent/guardian field trip permission and authorization forms** must be completed and turned in when buying prom bid.
- Students will be responsible for providing their own transportation to and from the event. When picking up your student(s) from the event, ***please arrive on time to pick up the student.***
- All Lynbrook students and guests must **bring a picture or Student ID** to the dance.
- Students **must arrive no later than 9 PM**. No admittance after 9 PM.
- Students planning to bring a guest not currently enrolled in a high school must get approval of a Lynbrook Administrator and give us a copy of a photo ID showing date of birth. All guests must enter with their Lynbrook host.
- Administrators and teachers will be on duty.
- Once a student **leaves the dance, he/she cannot return.**
- If a student leaves early, an administrator will call home to inform parent/guardian.

**ALL SCHOOL RULES ARE IN EFFECT.** Students suspected of possessing and/or being under the influence of any illegal substance (including alcohol) will be cited, suspended, and barred from any school dance (including proms and balls) for one calendar year. Smoking is prohibited. Students are expected to treat each other with respect and dignity.

**Following specific dance guidelines:**

- Extreme displays of affection are inappropriate and students dance in a respectful way. The administration has final jurisdiction on any unsafe behavior or dance moves.
- Side to side swaying is okay; front to back body rolls/grinding is not okay
- Hands on waist is okay; roaming hands is not okay
- Dancing upright/vertical is okay

**Consequences for inappropriate dancing are:**

- Students will be given verbal warnings when they break the rules.
- After verbal warnings, an administrator will speak with the student away from the dance floor.
- If they continue to break the rules, the student will be removed from dance floor, parents will be called immediately and the student will wait to be picked up or parent gives permission for student to leave.

*I have read the above and agree to support Lynbrook High School rules by signing this document. I also understand that if I break this agreement in any way I may be suspended and my parent/guardian will be asked to pick me up from the dance venue. I also understand that in addition to my parents, the administration of my home school will be notified.*

**COMPLETELY FILL OUT THIS FORM AND RETURN IT TO THE LYNBROOK HIGH SCHOOL ASB OFFICE AT THE TIME OF PURCHASE.**

\_\_\_\_\_  
Student Name (**printed**)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Grade/Age

Student Signature: \_\_\_\_\_

Parent/Guardian Name (**printed**) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Last name: \_\_\_\_\_

FREMONT UNION HIGH SCHOOL DISTRICT  
589 West Fremont Ave., Sunnyvale, CA 94087 408-522-2200

**PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)**

**District-Sponsored Event  
(Attendance Voluntary)**

Student's Name \_\_\_\_\_ has my permission to go on the following voluntary field trip:

Destination: Coyote Creek, Lane Coyote Creek Golf Drive, Morgan Hill 95037

Date(s): Saturday, March 12 Departure Time: 7:30 pm Return Time: 11:00pm

Person in Charge: Mr. Tuma

Health Needs: Initial and Complete as appropriate.

\_\_\_\_\_ My student has NO special health needs the staff should be aware of, and NO medication is required on the trip.

\_\_\_\_\_ My student has a special health need, \_\_\_\_\_ and the following medication should be given the person in charge along with written instructions from the student's attending physician: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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 also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

MAIN LANGUAGE SPOKEN IN HOUSEHOLD: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Name and Telephone \_\_\_\_\_