

Student Agreement

I understand and agree to the policies and provisions for my participation in **GRADNITE** for Sonora High School graduating class of 2023. I understand this event is taking place off campus. I agree **NOT** to carry onto the bus or the event premises any materials or liquids which will affect my behavior and/or will have a detrimental effect on others enjoyment of the event. I also understand that once I enter the venue, I may not leave unless my parents or legal guardian(s) are called to pick me up due to my inappropriate behavior or in case of emergency. Once I leave, I may not return. I accept that **NO** guests will be allowed to enter **GRADNITE**. This event is for Sonora High School graduating class of 2023 only. I agree to the provisions of this agreement and am looking forward to enjoying a safe and memorable event. **I also agree to a physical search** before boarding the bus to Universal Studios. **I will not be under the influence of alcohol or drugs at any time during the Sonora High School GRADNITE.**

STUDENT NAME (PRINTED): _____ **DATE** _____

STUDENT SIGNATURE _____

Check in for bus at 1:00pm at Sonora High School

PARENT AGREEMENT

I hereby give permission for my graduate to participate in the Sonora High School **GRADNITE** on **Friday, June 2, 2023 thru June 3, 2023**. I understand the event will be held **off-campus** at Universal Studios. I have discussed the **GRADNITE** rules and expectations with my graduate and we agree to them. I understand my graduate will be subject to search and transported to and from the **GRADNITE** event by bus transportation.

THIS GRADNITE EVENT IS ORGANIZED BY THE SONORA HIGH SCHOOL PTSA AND TRANSPORTATION PROVIDED BY FJUHSD. NEITHER SONORA PTSA NOR FULLERTON JOINT UNION HIGH SCHOOL DISTRICT CAN BE HELD LIABLE FOR ANY INJURIES OR DAMAGES ARISING FROM THIS EVENT. TICKETS PURCHASED FOR GRAD NITE ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Parent/Guardian Full Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____

Email _____ **Cell Phone** _____

EMERGENCY INFORMATION

Doctor _____ **Phone #** _____

Address _____ **Allergies** _____

During GRADNITE a parent or legal guardian can be reached at: _____

An alternative relative in case parent cannot be reached: _____ **Phone #** _____

Please select option: I do / do **NOT** wish for my graduate to be treated for a medical emergency.

PARENT/GUARDIAN SIGNATURE

****YOUR STUDENT WILL NOT BE PERMITTED TO ATTEND
GRADNITE WITHOUT THIS FORM ON FILE.****