



## JTHS - PROJECT GRADUATION

### Registration – Permission Slip & Medical Form

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to attend Project Graduation. I understand that this is a drug and alcohol-free event and that possession of either substance will result in the expulsion of the student. Should my student need to leave the event early due to an emergency illness, I understand that only a parent/guardian or previously documented emergency contact will be permitted to collect my student. I also understand that my student is not permitted to leave his/her car in the high school parking lot overnight and that my student must be picked up at the high school after the event. I also give my permission to the JTHS Project Graduation chaperones to transport my student to the nearest emergency room in the event of a medical emergency. I have read and understand the rules of Project Graduation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If I, \_\_\_\_\_, am 18 years of age or older by the date of Project Graduation, I hereby release and indemnify any and all Project Graduation Chaperones from any and all liability on my behalf that may result from injury and/or early departure from the event. Birth Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE COST OF PROJECT GRADUATION IS \$110.00 PER STUDENT**

**Make checks payable to: JTHS Project Graduation**  
**PAYMENT DUE BY April 30<sup>TH</sup>**

**MAIL TO: JTHS Project Graduation – 1010 Weldon Road – Oak Ridge, NJ 07438**  
**OR drop off in the main office at the High School**

**Payments are non-refundable - See Medical Form on Reverse Side**