

PROM 2023 FORM #1

This form is for COOPER CITY HS STUDENTS!

CCHS STUDENT: _____ ID# _____

Are you bringing a date to PROM? ____ YES ____ NO

Your date's name: _____

Your date's status:

____ CCHS Student (Use FORM #1)

____ Student from another Broward Cty. School (Use FORM # 2) School Name: _____

____ Not a student at Broward County Schools (Use FORM # 3)

Rules for Attendees:

- All students must arrive at the event No later than 8:15pm or they will be denied entry. No student may leave prom prior to 10:00 pm.
- All students must depart the premises by 11:30 pm and pre-arrange transportation no later than 11:15 pm.
- Tickets may be revoked at the discretion of CCHS administration.
- All guests attending prom must adhere to the Broward County Code and Conduct. *Please visit the following Internet link to view the Code and Conduct Policy: <https://tinyurl.com/5e9nv3ck>*
- Students and their guests who attend prom and are under the influence of alcohol or drugs will be subject to disciplinary actions as defined by the Student Code of Conduct for Broward County Schools and may be searched upon entering the event.
- No backpacks or large bags of any kind may be brought into prom and there is no re-entry.
- CCHS Prom attendees must not have any financial obligations to the school.
- All attendees must be on track to graduate and have a minimum of 2.0 GPA.
- Tickets are non-transferable and non-refundable.
- If a student receives a disciplinary infraction and the consequence occurs in the timeframe of Prom, they will not be allowed to attend Prom.
- **All attendees must present a photo ID for admittance.**

I am aware of and agree to adhere to the above rules and regulations.

Attendee Signature

Date

Senior Administrator's Signature

Date

STUDENT / PARENT INFORMATION:

Payment Confirmation# _____

Name of Attendee: _____

Attendee's' Cell Phone Number _____

Home address: _____ City _____ Zip: _____

Home phone: _____ Date of Birth: _____

Name of Parent / Guardian: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name of Alternate Emergency Contact: _____ Relationship: _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Parent/Guardian Signature

Date