

# PROM 2023 FORM #2

This form is for NON-COOPER CITY HS STUDENTS ONLY!

Guest Name: \_\_\_\_\_

You have been invited to attend CCHS PROM by: \_\_\_\_\_

(CCHS Student who you will be accompanying - **A photocopy of your ID must accompany this form**)

## 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 10pm.
- 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 have read and understood the "rules for attendees". I am aware that breaking any of the "rules for attendees" can lead to disciplinary action, ejection from the event, and /or arrest by the police.

\_\_\_\_\_  
Attendee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attendees School Principal

\_\_\_\_\_  
Date

## STUDENT / PARENT INFORMATION:

Payment Confirmation# \_\_\_\_\_

Name of Attendee: \_\_\_\_\_

Name of School you attend: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address ( if different from above) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date