



RODRIGUEZ HIGH SCHOOL

Parent Teachers Student Organization

The purpose of the PTSO is to promote the welfare of the RHS Students in home, school, and community,

Grad Nite Participation Contract

1. All students are subject to a random breathalyzer. Students failing the breathalyzer will not be allowed to take part in any Grad Nite activities. Parent/Guardian will be notified to pick up their student.
2. In the event that an ambulance is called for any student found to be under the influence of drugs or alcohol, the PTSO will **NOT** cover transportation or medical cost; this shall be borne by the student/student's family.
3. Student **and** Parent/Guardian must sign the Grad Nite Participation Contract. This form must be turned in **prior to the event. NO FORM - NO ENTRY - NO EXCEPTIONS!**
4. Jackets, backpacks, purses, and wallets are subject to search; other items will not be permitted.
5. No water bottles are permitted. Water will be provided for the students.
6. No tobacco products, including chewing tobacco and e-cigarettes, are allowed. This is a non-smoking venue.
7. All students must show their student identification card in order to enter the event.
8. Grad Nite tickets are **NON-REFUNDABLE.**
9. Students are subject to search upon entering, and during, the event.
10. Students will not be permitted to leave once they have entered the event.
11. No non-prescription medications are allowed at the event. Tylenol will be on hand if needed.
Parent initials if Tylenol is allowed. _____
12. Once the students arrive at the school/event, they are expected to conduct themselves as responsible young adults.
13. Any violation of these rules will result in removal from the Grad Nite activities and immediate disciplinary action will be taken. Parent/guardian will be notified and expected to bear costs of consequences.
14. Any illegal activity will be turned over to the local authorities (i.e. drugs, alcohol, assault, etc.).

This is a zero tolerance clean and sober event. Students who violate any of these rules will not be allowed to participate in the Grad Nite activities, and no refund will be given.

Student and parent/guardian have fully read and understand the above mentioned rules. Please print clearly

Student Name: _____
Print Name

Student Signature: _____

Parent Name: _____
Print Name

Parent Signature: _____

Contact Numbers

Home: _____ Cell: _____ Student Cell: _____
(Required) *(Required)* *(Required)*

Other: _____ E-Mail: _____
(Required)

My student has the following Medical Conditions or Allergies that Grad Nite Committee should be aware of:

Medications my student will need during the event: _____

Student can self-administer _____
(yes or no)

Student will need assistance _____
(yes or no)

Legal References: Ed. Code § 48915.48902, Verononia School District47J v. Action (1995) 515 U.S. 646
Board of Education of Independent School District No. 92 of Pottawatomie County v. Earls (2002) 536 U.S. 822