



## KHS PROM GUEST PASS APPLICATION – APRIL 30, 2022

Students bringing a guest to KHS for PROM must abide by the following rules:

- ✓ Guest must be between the ages of 14-20. NO EXCEPTIONS!
- ✓ A copy of guest’s current school ID must be attached to this form. If the guest has already graduated, he/she must attach a copy of his/her driver’s license or non-driver state ID to this form.
- ✓ KHS students must bring their current KHS ID & guest must bring the ID that matches the attached photocopy and show it at the door check-in.
- ✓ Students and guest must follow standards expected of KHS in their dress code, language, and dancing. Good behavior and cooperation are required. Failure to do so will result in both individuals being subject to disciplinary action.
- ✓ The following are specifically prohibited at PROM, a school sponsored dance: sexually explicit dancing, dancing that can result in an injury or which may be a personal safety hazard, consumption or being under the influence of alcohol or drugs.
- ✓ Dances are a privilege; No guest or student who is suspended, expelled or under any disciplinary investigation will be allowed.

**GUEST OF (KHS STUDENT):** \_\_\_\_\_

### Guest Information

Guest Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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### Non KHS GUEST SCHOOL

The Administrator/Designee’s signature of the guest pass ensures that the above-named student is well behaved, eligible and currently enrolled in good standing at school.

- The Administrator/Designee further agrees that they will enforces the appropriate consequences for any rule violation while their student is at the KHS Event.
- **A BUSINESS CARD for signing Administrator/Designee must be attached for verification purposes.**

GUEST SCHOOL: \_\_\_\_\_ City: \_\_\_\_\_

GUEST ADMINISTRATOR (PLEASE PRINT): \_\_\_\_\_

GUEST ADMINISTRATOR SIGNATURE: \_\_\_\_\_

### KHS 9<sup>th</sup> / 10<sup>th</sup> grade GUEST

Library Fines _____ (0) zero – KHS Guest 9/10 grd – LIBRARIAN SIGNATURE
Saturday School Hours _____ 14 or Less – KHS Guest 9/10 grd – ATTENDANCE OFFICE
Bookkeeper Fines _____ (0) zero – KHS Guest 9/10 grd – BOOKKEEPER OFFICE

**KHS OFFICE:**  APPROVED  DENIED **KHS ADMIN SIGNATURE:** \_\_\_\_\_

THIS FORM MUST BE TURNED IN ON OR BEFORE **FRIDAY, APRIL 8, 2022** (NO EXCEPTIONS)  
No refunds will be issued after 4/8/2022, with the exception of a POSITIVE PCR Test for student or guest or if student can find a replacement that pays in full with the bookkeeper.



VEGAN PLATE  YES  NO

2021-2022

GUEST

**TRACY UNIFIED SCHOOL DISTRICT**

**EMERGENCY TREATMENT, EXTRA CURRICULAR ACTIVITY RELEASE AND CERTIFICATION OF VALID MEDICAL/HEALTH INSURANCE (form)**

**NOTE: THIS FORM MUST BE COMPLETED FOR EACH ACTIVITY/FIELD TRIP AND MUST BE SIGNED AND RETURNED TO THE APPROPRIATE SCHOOL, COACH, ADMINISTRATOR PRIOR TO PARTICIPATION IN THE IDENTIFIED ACTIVITY. NO VERBAL APPROVALS WILL BE ACCEPTED.**

I, as the parent or guardian of: \_\_\_\_\_, a student attending the Tracy Unified School District, at (school): Kimball High School, recognize the possibility of injury and resultant medical expenses due to participation in Kimball PROM (name of activity) at Palm Event Center, Pleasanton on Saturday, 4/30/2022. He/She has my permission to participate in the activity. By checking the appropriate line and signing below, I acknowledge the following:

\_\_\_\_\_ 1. Our personal health or group insurance is adequate to pay for and reimburse us for medical, dental, hospital and surgical expenses that may be incurred due to injuries that may result from participation in the activity. I will continue this medical coverage in force throughout the time of the activity.

Policy #: \_\_\_\_\_ Company name: \_\_\_\_\_

\_\_\_\_\_ 2. I will purchase the Tracy Unified School District's Student Accident Plan provided through Pacific Educators Insurance, by selecting the following:

<i>See Pacific Educators Voluntary Student Accident Insurance brochure for more details</i>	Options (All Plans are a ONE TIME annual payment)	Low	High
	<b>At School Plan</b>		
<a href="http://www.peinsurance.com">www.peinsurance.com</a>	Grades Pre-K-8	\$11.00	\$25.00
	Grades 9-12	\$24.00	\$54.00
800-722-3365	<b>24-Hour-A-Day Plan</b>		
	Grades Pre-K-8	\$75.00	\$161.00
	Grades 9-12	\$92.00	\$192.00
	<b>Optional Tackle Football Coverage</b>		
	Grade 9	\$36.00	\$80.00
	Grades 10-12	\$84.00	\$177.00
	<b>Extended Dental Option (medical must be purchased. Coverage cannot stand alone)</b>	\$6.00	-----

I hereby authorize the Tracy Unified School District and its authorized representatives to obtain or provide reasonable medical and/or emergency treatment for my child if he/she becomes ill or injured while participating in the extra curricular activity. **I agree to release and hold harmless the District and its representatives from any and all liability resulting from such injury and/or treatment. (See California Education Code Sections 35330 and 49407).** I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that the Tracy Unified School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINT NAME (Parent/Guardian): \_\_\_\_\_

ADDRESS AND PHONE NO: \_\_\_\_\_ DATED: \_\_\_\_\_