

# PAHS Junior or Senior STUDENT Post Prom (F.O.C.U.S.) Registration Form **\*\*DO NOT CUT THIS FORM\*\***

PAHS STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

## PARENT OR GUARDIAN - PLEASE READ CAREFULLY AND INITIAL WHERE APPROPRIATE:

\_\_\_\_\_ My child has permission to attend FOCUS and must stay until 3:00am (I will not be called when they leave.) \_\_\_\_\_ My Child and I have read and reviewed the rules for FOCUS

\_\_\_\_\_ My child has permission to attend FOCUS and may leave at 2:30am. \_\_\_\_\_ Yes, I must be called in order for my student to leave at 2:30am

\_\_\_\_\_ My child may participate in the activities planned for the post prom celebration. I understand that there will be physical activities and will hold harmless Phoenixville Area High School, Phoenixville Area School District or Operation F.O.C.U.S. and/or any vendor including, but not limited to, All Year Sports Galaxy, who provides services and activities should an injury occur. I give permission for the adults in charge to administer emergency procedures, should they be necessary.

Parent name (please print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Phone Number #1: \_\_\_\_\_ Parent Phone Number #2 \_\_\_\_\_

DATE'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ **STOP HERE IF DATE IS A PAHS JUNIOR OR SENIOR!!! –RETURN TO FOCUS TABLE AT PAHS BY MAY 15TH**

**\*\*\*NOTE: HAVE YOUR STUDENT'S DATE'S PARENT FILL OUT THE BOTTOM ONLY IF THEY ARE A PAHS FRESHMAN, SOPHOMORE OR ARE FROM ANOTHER SCHOOL \*\*\* DO NOT CUT THIS FORM\*\*\***

## F.O.C.U.S. DATE Registration and Permission Section. To be completed by Date's Parent or Guardian

GUEST LAST NAME \_\_\_\_\_ GUEST FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

\_\_\_\_\_ My child has permission to attend FOCUS and must stay until 3:00am OR \_\_\_\_\_ My child has permission to attend FOCUS and may leave at 2:30am \_\_\_\_\_ Yes, call me first.

\_\_\_\_\_ My child may participate in the activities planned for the post prom celebration. I understand that there will be physical activities and will hold harmless Phoenixville Area High School, Phoenixville Area School District or Operation F.O.C.U.S. and/or any vendor including, but not limited to, All Year Sports Galaxy, who provides services and activities should an injury occur.

\_\_\_\_\_ I give permission for the adults in charge to administer emergency procedures, should they be necessary.

\_\_\_\_\_ My Child and I have read and reviewed the rules for FOCUS

Parent Name (please print) \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Phone Number #1 \_\_\_\_\_ Parent Phone number #2 \_\_\_\_\_

NAME OF PAHS STUDENT YOUR CHILD IS ATTENDING PROM WITH: \_\_\_\_\_ GRADE \_\_\_\_\_

**TURN IN FORMS ASAP AND NO LATER THEN MAY 15<sup>TH</sup> TO PAHS FOCUS REGISTRATION TABLE**