

**Sobrato's Prom Consent Form**  
The Glass House, 2 S Market St, San Jose, CA 95113  
Sat, May 13, 2017 from 8pm to 11pm

**\$60.00 with an ASB card/ \$65.00 without an ASB ~~Card~~ Refundable!**  
***This permission slip is due by 3:30 pm on Friday, April 28th***

1. If you purchase a ticket and become ineligible during anytime of the year we cannot refund your ticket.
2. All students must have current identification in their possession during the dance and will be searched prior to entry and during the dance.
3. No students will be allowed to enter the dance after 9:30 p.m. unless prior arrangements have been made with the administration
4. There will be no "In and Out" privileges. Once students leave the dance they will not be allowed to re-enter.
5. Students will have all fines paid before purchasing a ticket.
6. All school dance policies are in effect. Refer to the Sobrato agenda.
7. The Sobrato administration has the final decision as to who will be allowed to attend this activity.
8. Students are expected to demonstrate acceptable behavior at all times. This means no inappropriate dancing, such as twerking.
9. Sobrato students and guests are subject to drug and/or alcohol testing. Students suspected to be under the influence of drugs or alcohol will be searched, detained, parents will be contacted and/or police arrest may occur.
10. Students whose conduct goes beyond the limits of appropriate conduct shall be disciplined according to district and school policies.
11. Students need to have arranged for transportation to leave the dance facilities promptly at the conclusion of the event.
12. Any severe infractions may result in disciplinary action and the barring from all school activities for the remainder of the year. Severe infractions committed by non-students may result in legal action.

I AGREE TO ALL OF THE ABOVE RULES:

Student Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of accident or other emergency, I authorize the school authorities to call or take my child to a licensed physician or first aid station for medical treatment as deemed necessary.

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian