

2019 MRHS JUNIOR/SENIOR PROM Permission Form  
June 1, 2019– The Claridge, Atlantic City – 7 to 11 pm

I, \_\_\_\_\_ (print student name) agree to the following while attending the 2019 Mainland Regional High School Prom:

1. To abide by **all school rules** and regulations prior to and during the activity. I realize that I will be disciplined accordingly if violations do occur.
2. I understand that I am not to be in possession of, consume, or be under the influence of alcohol, any controlled dangerous substance, or any vapor-releasing intoxicating chemical compound. If it is determined that there is reasonable suspicion that I am “under the influence”, my parent/guardian will be notified and arrangements will be made for an immediate medical examination/drug screening. If drugs and/or alcohol are in my possession, it will be turned over to the local police authority, as per Mainland Regional High School BOE policy. This violation will result in a suspension from school and exclusion from all co-curricular activities, including graduation exercises, for the remainder of the school year.
3. If your son/daughter looks or acts as if he/she is under the influence of alcohol or another drug, he/she will be sent to the school Administration by a concerned staff member as required by District Policy and State Law. All BOE and State Guidelines will be followed by school personnel. He/she has been told of the Federal Confidentiality regulations that protect privacy. Your son/daughter will be transferred to Atlantic City Medical Center for a medical exam/drug screening. Parent/Guardian must meet child at the hospital.

OR

At your expense, you may choose to have the same examination and screening performed by your private physician. This must take place within two hours of your notification. If your son/daughter is not tested as required, a report will be filed in accordance with the Child Neglect and Compulsory Education laws to the Child Protection and Permanency Division.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. My guest, if **not a Mainland Regional High School student**, will abide by all of the above rules and regulations. I realize that failing to do so will result in a termination of my guest’s attendance at the Prom. He/she will have to be picked up immediately and leave. **PLEASE COMPLETE SEPARATE PERMISSION FORM FOR OUTSIDE GUESTS.**
5. If I leave prior to the conclusion of the event, I will not be permitted to re-enter. **NOTE:** Entry to any other area of the prom facilities will be considered as a departure from the prom.
6. I understand that it is against hotel policy for anyone attending the prom to be registered or stay at the hotel as a guest. If I am a registered guest or staying with a registered guest, I know I will not be allowed to attend the prom. I understand that a list of prom attendees is being provided to The Claridge.
7. I understand that smoking/vaping is prohibited at The Claridge during the prom and that these items will be confiscated regardless of my age or what school I attend. They will not be returned. Anyone possessing or using a vaping device will be required to submit to a drug screening.
8. I understand that photo ID (such as student ID or driver’s license) is required to enter the facilities.
9. I understand that if I fail to comply with any of the above, it **does not** constitute terms for any form of refund.

**\*\*Prom tickets cannot be purchased until this form has been acknowledged and agreed to. Each MRHS student attending the prom must complete this permission slip and a Consent for Random Drug Testing form. \*\***

**\*\*\* Form continues on next page \*\*\***



**Students: If you are asked to leave the prom due to inappropriate behavior, your parent/guardian will be contacted and must come to pick you up immediately. Police charges may be filed. There will be no refunds or reimbursements of any kind.**

I have read this form in its entirety and agree to abide by all rules and policies outline herein.

Print MRHS Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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

**IF YOUR GUEST IS A NOT A MAINLAND REGIONAL HIGH SCHOOL STUDENT,  
you must complete a separate permission form for outside guests.**

**\*\*All guests 21 years old and older must meet with and be cleared by Mr. Marrone before June 1\*\***



## MRHS PROM 2019: AN EVENING AROUND THE WORLD

Date: Saturday, June 1<sup>ST</sup> Time: 7-11pm

Location: The Claridge Hotel, Atlantic City

Cost: \$75 per ticket

(Cash or check payable to MRHS Class of 2020)

**\*\*After Prom tickets sold separately\*\***

To buy tickets:

**MUST bring a photo ID**

**MUST have signed permission slip(s) - Guest and Self**

**MUST have signed Prom Drug Consent Form**

***\*There will be NO assigned tables at this year's prom\****

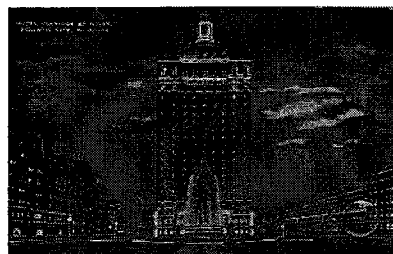
Prom ticket sale dates:

April 30<sup>th</sup>: SENIORS ONLY, 3-4 pm Cafeteria

May 1<sup>st</sup>: Juniors and Seniors 3-4 pm Cafeteria

May 8<sup>th</sup>: Juniors and Seniors 3-4 pm Cafeteria

May 9<sup>th</sup>: Juniors and Seniors- Unit Lunch- East Gym



Mainland Regional High School Prom  
June 1st, 2019 at The Claridge Hotel, Atlantic City, NJ 7-11pm

**PERMISSION FORM FOR OUTSIDE GUESTS-Must have prior to purchasing tickets**

Permission to attend is contingent on the approval of the Mainland Regional High School administration

Name of Guest: \_\_\_\_\_ Guest Date of Birth: \_\_\_\_\_

Name of MRHS Junior/Senior attending with: \_\_\_\_\_ Junior/Senior ID #: \_\_\_\_\_

Guest Parent Name \_\_\_\_\_ Guest Parent Phone #: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

It is understood and hereby agreed to by the parent and student whose name and signature appear below that:

- The Prom is a school-sponsored event; all school rules and policies will be enforced
- Proms are a privilege (not a right), and attendance at this event could be jeopardized by the guest's failure to adhere to the MRHS Code of Conduct.
- Any inappropriate or unacceptable behavior including but not limited to: smoking, drinking/under the influence of alcohol, using/under the influence of controlled, dangerous substances, fighting, insubordination, inappropriate dress/clothing, unsafe acts or illegal acts; will result in the guest being instructed to leave the event and/or referred to the proper authorities. Definitions of such acts are at the discretion of the administration.
- Official time of dance is 7:00pm to 11:00pm.
- All students must arrive to prom by 8:00 pm or they will not be admitted.
- **ALL GUEST MUST HAVE PICTURE ID**
- No refunds will be given

\_\_\_\_\_  
Signature of MRHS Junior/Senior

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Signature of MRHS Junior/Senior Parent

\_\_\_\_\_  
Signature of Guest Parent

**To Be Completed By School Administration of the Guest (Even if Graduated)**

Please return this to the MRHS student in a sealed school envelope OR  
bring it to Mainland Regional High School to the attention of  
**The Class of 2020 Advisors, Tom Jamison and Courtney Watson**

The above named student has been invited by a Mainland Regional High School student to attend our Prom.  
Please complete the following so we may know more about the guest. **Thank you for your assistance.**

What is this person's status at your school? (check one) Current Student \_\_\_ Graduate (Year) \_\_\_ Former Student \_\_\_

If a current student, is he/she in good standing at your school? Yes \_\_\_ No \_\_\_

If your school has a special event, would you allow this person to attend? Yes \_\_\_ No \_\_\_

Does he/she have a record of violence and/or use of weapons on school property? Yes \_\_\_ No \_\_\_

Do you know any reason why this person should be excluded as a guest? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Your Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date



# MAINLAND REGIONAL SCHOOL DISTRICT CONSENT TO TEST FORM



Student Name \_\_\_\_\_  
(Please Print)

Student ID Number \_\_\_\_\_

Advisor: **Mrs. Watson and Mr. Jamison**  
(Please Print)

Activity: **2019 Prom**  
(Please Print)

### AS A STUDENT:

- I understand and agree that participation in any extracurricular activity is a privilege that may be withdrawn for substance abuse as per **Policy 5131.8: Random Alcohol or Other Drug Testing**, and I thoroughly understand the consequences that I will face.
- I have read the **Consent to Perform Urinalysis for Alcohol or Other Drug Testing** on the back of this form and agree to its terms.
- I understand and realize that there is risk of injury in participating in athletics.
- I understand that when I participate in any extracurricular activity I will be placed in a pool for random drug and alcohol testing, and may be subjected to random urinalysis testing. If I refuse, it will be treated as a positive test.
- I understand this is binding for a full calendar year, from the date of signature, while I am a student within the Mainland Regional School District.

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

June 1, 2019  
Date

### AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand and agree that participation in any extracurricular activity is a privilege that may be withdrawn for substance abuse as per **Policy 5131.8: Random Alcohol or Other Drug Testing**, and I thoroughly understand the consequences my son/daughter/ward will face.
- I have read the **Consent to Perform Urinalysis for Alcohol or Other Drug Testing** on the back of this form and agree to its terms.
- I understand and realize that there is risk of injury in participating in athletics.
- I understand that my son/daughter/ward, will be placed in a pool for random drug and alcohol testing, and may be subjected to random urinalysis testing. If they refuse, it will be treated as a positive test.
- I understand this is binding for a full calendar year, from the date of signature, while my son/daughter/ward is a student within the Mainland Regional School District.

\_\_\_\_\_  
Parent/Guardian/Custodian Signature      Date      June 1, 2019

\_\_\_\_\_  
Parent/Guardian/Custodian Signature      Date      June 1, 2019

\_\_\_\_\_  
Parent/Guardian/Custodian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian/Custodian Name (Please Print)

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

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

## **CONSENT TO PERFORM URINALYSIS FOR ALCOHOL OR OTHER DRUG TESTING**

I/We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy (5131.8) and Procedure for Random Alcohol or Other Drug Testing of Mainland Regional School District Students** as approved by the Mainland Regional School District Board of Education.

I/We understand that the collection process will be overseen by a qualified vendor.

I/We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I/We hereby give our consent to the medical vendor selected by the Mainland Regional School District Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

I/We further give permission to the medical vendor selected by the Mainland Regional School District Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

I/We understand that consent pursuant to this **Informed Consent to Perform Random Alcohol or Other Drug Testing Agreement**; will be effective for all sports, parking privileges, and /or activities in which this student might participate for a full calendar year, from the date of signature.

I/We hereby release the Mainland Regional School District Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

**PLEASE READ REVERSE SIDE AND SIGN**

# MAINLAND HIGH SCHOOL 2019 AFTER PROM FORM

(Student/Guest Fill out this Portion)

Attendee:

\_\_\_\_\_  
Student or Guest

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian of Student or Guest

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

## MAINLAND REGIONAL HIGH SCHOOL AFTER PROM COMMITMENT CONTRACT

I, \_\_\_\_\_ (Student/Guest Signature)  
agree to the following while attending the 2019 MRHS After Prom.

1. To abide by all school rules and regulations prior to and during these activities. I realize that I will be disciplined accordingly, if violations do occur.
2. To abide all After Prom "Rules of the Evening" printed on this form.
3. My guest will abide by same rules and will be bound by same disciplinary action, if necessary.
4. **Not to be in possession of, having consumed, or under the influence of alcohol or any controlled dangerous substance, or any vapor-releasing intoxicating chemical compound.** If it is determined there is reasonable suspicion that I am under the "influence of," my parent/guardian will be notified and arrangements will be made for an immediate medical examination. This violation will result in a suspension from school and exclusion from all co-curricular activities, including graduation exercises, for the remainder of the school year.
5. No refunds.

(Afterprom Volunteer will complete the section below)

-----  
Last Name \_\_\_\_\_

MRHS Senior

First Name \_\_\_\_\_

MRHS Junior

Ticket # \_\_\_\_\_

Guest

Guest Only - Name of MRHS student whom invited you:

\_\_\_\_\_ Junior / Senior



## MAINLAND HIGH SCHOOL 2019 AFTER PROM FORM

**2019 Theme: The Amazing Race**

AN ALCOHOL&DRUG FREE  
CELEBRATION FOLLOWING  
THE PROM

EVENT DATE: Saturday June 1, 2019  
11:30pm – 4:00am

ARRIVAL TIME 11:30pm-12:30pm

TICKETS: \$10 / On sale: During lunch in the Lobby the week of Prom.

ELIGIBILITY: This event is open to all MRHS Juniors, Seniors and their Prom Dates. MRHS Juniors and Seniors may attend the After Prom without attending the Prom. MRHS Freshmen, Sophomores and non-MRHS individuals must have attended the Prom to attend the After Prom.

### RULES OF THE EVENING:

1. Everyone must sign contract and have an After Prom ticket to be admitted.
2. Parent/Guardian is responsible for transportation to and from the After Prom.
3. Parents will be called if MRHS student who has purchased ticket does not check in by 12:30 am.
4. No student will be permitted to leave early without parent/guardian contact permission.
5. NO ONE MAY RE-ENTER. Upon leaving student must sign out in the band room prior to exiting After Prom.
6. Student must be present to win any prizes.
7. All attendees are eligible for end of evening prizes. Only MRHS Juniors and Seniors are eligible For Grand Prizes. Student must be present In Gym Prize area to win end of evening prizes.
8. All belongings (including purses) will be checked in band room upon arrival. You will have access to your things all night. This will be a secured area.
9. THIS IS A DRUG AND ALCOHOL FREE NIGHT.
10. Ticket is non-transferable.

OVER \$10,000 in CASH & PRIZES \* FREE FOOD & BEVERAGES ALL NIGHT !!!

Money Machine\* Palm Readers\* DJ Bill Lynskey\* Massages\* Carnival Games\* Laser Tag\*  
Amazing Hypnotist Show\*

QUESTIONS? Call Email: [MRHSAFTERPROM@COMCAST.NET](mailto:MRHSAFTERPROM@COMCAST.NET)

Please Complete Other Side of Contract -One Per Ticket