

Elizabeth High School

Registration and Contract

PROM ~ ENCHANTED NIGHT!

# This form must be completed for Out of School Guests & Underclassmen

April 25, 2025

**8:00 PM – 11:00 PM TICKETS: Purchase during LUNCH!!**

The Franciscan Event Center Seniors: $75

6553 Revere Parkway Juniors who worked concessions: $75

Centennial, CO 80111 Juniors who DID NOT work concessions: $250

All GUESTS: $75

We / I agree to provide complete and truthful information below. We / I understand that Elizabeth High School Administration has the right to verify this information. We / I also understand that Elizabeth High School Administration has the right to refuse admittance of myself and / or my guest to this school activity.

We / I agree to the following:

1. **This** **contract will be completed and returned to the EHS Attendance Office by 3:30 PM on WEDNESDAY, APRIL 23.**
2. My guest will not be admitted to this activity if this contract is not completed, signed and returned to the EHS Office by the deadline.
3. Only **one** guest per EHS student is allowed.
4. **Middle School students will not be allowed to attend.**
5. Sophomore and Freshmen students may attend **only** if accompanied by an EHS Senior or Junior student and must have completed this form. **Seniors and Juniors: YOU are responsible for your Guest (out-of-school, Sophomore, or Freshmen guest). They must remain with you throughout this event!**
6. My guest is under the age of 21.
7. All students and their guests will abide by EHS rules & behavior expectations as stated in the Student Handbook.
8. I will bring a current EHS Student ID and my guest will bring a current photo ID to this activity.
9. **Please be aware: There may be strobe lights at these events.**
10. **PARENTS:**
11. The expectation is that your student will stay at this event for the entire time.
12. If the EHS student leaves the facility, their guest must also leave.
13. **I understand that if my student leaves the facility, they will sign out and will not be allowed back in the building and that parents will not be notified.**
14. **I give permission for District and EHS personnel to search any tote, purse, backpack, or duffle bag in my student’s possession upon entering and/or leaving the facility.**
15. Parents: Your signature below indicates your knowledge of your student’s guest and the expectations outlined in this contract. Thank you!

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 EHS / FHS Student Name (PRINT) Guest Name (PRINT) Age

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EHS / FHS Parent Signature Guest Parent Signature

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EHS / FHS Parent Contact Phone # Guest Parent Contact Phone #

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 Guest School Administrator Signature **PLEASE INCLUDE BUSINESS CARD**

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EHS School Administrator Signature **Guest School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EHS (303) 646-4616 FAX (303) 646-6030** **School Phone & Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_