

# Project Graduation 2018

Immediately following the graduation ceremony and reception, the Class of 2018 is invited to celebrate together one last time at our Project Graduation Event. We promise a memorable night of fun & games!

Please leave valuables at home and bring a comfortable change of clothing to MLHS. Graduates will be asked to change clothing after the reception and to hand-off clothing & belongings to their parents. We will meet in the cafeteria for check-in and boarding of the buses to a secret location. You will be returned to the high school by approximately 5am the next morning.

**GRADUATES MAY ONLY BRING A PHONE AND/OR KEYS. THE FOLLOWING ITEMS ARE NOT PERMITTED: BACKPACKS, PURSES, BAGS OF ANY KIND, OR WATER BOTTLES, DRINKS, FOOD, OR JUULS, VAPING PARAPHERNALIA.**

**In order to participate, please read, fill out, and return this form at the Senior Parent Meeting on Wednesday, May 2, 2018 or to the main office by Wednesday, May 30, 2018.**

---

I understand that Project Graduation is an alcohol and drug-free event offered to me through the generous donations of the municipalities, churches, schools, businesses, community clubs, friends, parents and families of Mountain Lakes, Boonton Township, and neighboring towns. I agree to follow all rules set forth by the policies of Mountain Lakes High School including the "no drug" and "no alcohol" and "no vaping" rules. Anyone violating the rules will be asked to leave and their parents will be called to pick them up from the event. NO EXCEPTIONS!!

Senior Name (please print): \_\_\_\_\_

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

Senior Signature: \_\_\_\_\_

Yes, my son/daughter has permission to participate in the 2018 Project Graduation. I do not hold Project Graduation responsible for any property damage or accident that may occur at the event.

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

Parent Cell Phone: \_\_\_\_\_

Alternate Parent Cell Phone: \_\_\_\_\_

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

\*\*\*\*\*

In the event your child is not feeling well, please initial next to the medicine you would allow your child to have:

ADVIL\_\_\_\_\_ TUMS\_\_\_\_\_ TYLENOL\_\_\_\_\_ PEPTO BISMOL\_\_\_\_\_

I hereby authorize Project Graduation chaperones to administer the above medication to my child if needed.

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

**ANY STUDENT THAT HAS SPECIAL NEEDS (ALLERGIES, MEDICINE, PHYSICAL LIMITATIONS) CAN MAKE ARRANGEMENTS BY CONTACTING Elena Goldthwaite at [elenagoldthwaite@aol.com](mailto:elenagoldthwaite@aol.com).**