

PROM TICKET APPLICATION

School Fees:	Food Allergy:	Fee total: _____ Check No.: _____ Cash: _____
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Directions:
Both sections must be completed and signed by students and parents and returned in order to purchase tickets. Cost: SEE INFORMATION SHEET. **Transportation is included in the ticket cost. Please print the following information.**

_____ ACHS STUDENT

Last Name:	First Name:	Middle Initial:
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Telephone #. Home () - Student Cell () -	Yr. of Graduation	High School:
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Parent Information: We have read, discussed, and agreed to the Prom rules and information in the packet.

Student Signature:	Parent Signature:
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Parent Name:	Parent's Telephone #: Home () - Cell Phone () -
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If I cannot be contacted, I appoint the following person to take responsibility for my child.

Designee's Name:	Designee's Telephone #:
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	Bus #	Table #
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_____ ACHS STUDENT ___ GUEST

Last Name:	First Name:	Middle Initial:
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Telephone#. Home () - Student Cell () -	Yr. of Graduation	High School:
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Parent Information: We have read, discussed, and agreed to the Prom rules and information in the packet.

Student Signature:	Parent Signature:
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Parent Name:		Parent's Telephone #: Home () - Cell Phone () -	
If I cannot be contacted, I appoint the following person to take responsibility for my child.			
Designee's Name:		Designee's Telephone #:	
	Bus #	Table #	

Attendance at prom is subject to the approval of school administration.