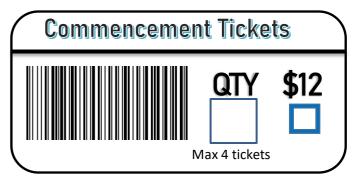
Northwood High School

Graduation Commencement Ticket Order Form - 2023

Admission to the ceremony will be by ticket only. We can provide two free tickets to each family with the option to purchase 4 additional tickets. In order to cover some of the costs of the graduation ceremony, we will charge \$12.00 each for each ticket beyond the two free tickets per family. Completed ticket order forms and your personal check or cash must be turned into the Activities Office no later than **Friday, May 12th.**

Senior Name:		Student ID#
Parent Name:	Parent Signature	





Check Amount _____ Cash Amount _____

Make checks payable to Northwood High School.

No checks will be accepted after May 12th – Cash only after this date.

All Tickets will be distributed when the students receive their caps and gowns on May 31st

Distribution will be in the Gym from 8:00 a.m. – 9:00 a.m. and after rehearsal until 11:30 a.m.

The Field Trip Waiver on the back of this form must be completed for all seniors.

IRVINE UNIFIED SCHOOL DISTRICT EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION – MINOR

(Education Code Section 35330)

Name of School: NORTHWOOD HIGH SCHOOL GRADUATION CEREMONY TO BREN CENTER

I hereby give permission for my child,	ID#	, to participate in	
the GRADUATION CEREMONY on Thursday, June	1, 2023. Buses will depart from NHS t	to the Bren center at UCI for the	
ceremony at 12:30 however, parents are responsible for transporting their student after the ceremony.			
	-	•	
I fully understand that my child is to accept all rules as any child determined to be in violation or unfulfilling or		•	
I, the undersigned, hereby release and discharge the I	rving Unified School District officers or	nnlovees agents and servants (herein	
collectively referred to as "District") from all liability ar the purposes of this agreement, liability means all clair that I, my heirs, executors, administrators or assignee or because of any loss or damage to property that occ cause other than the negligence of the District.	sing out of or in connection with the ab ns, demands, losses, causes of action, s s may have against the District because	ove described field trip or excursion. For suits, or judgments of any and every kind of any death, personal injury or illness,	
5 5			
In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.			
Signature of Parent or Guardian	Signature of Student		
Signature of the state of Sautana.			
Date	Parent Phone Number		
	Tarene Hamber		
Health Insurance Company	Policy Number		
In the event of illness or accident and if different from above, please contact:			
	Address	Phone	
<u>SPECIAL NOTE TO PA</u>	<u>RENTS/GUARDI</u>	TANS:	
(1) All drugs must be registered on this form; (2) all d	guas avecating those which must be kee	at an the student's person for emergency	
use, must be kept and distributed by the staff; (3) \square		•	
aware of and NO drugs are required on the trip;	=	=	
		, ,	
Name of drug and reason:			
If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.			