



NICEVILLE HIGH SCHOOL

800 EAST JOHN SIMS PARKWAY

NICEVILLE, FLORIDA 32578

DR. LINDA SMITH, PRINCIPAL



October 20, 2010

Dear Senior Parents:

How would you like to know where your child is on Graduation Night? Well, the Niceville High School All School Booster Club is sponsoring Project Graduation. This is a safe place for your child to celebrate.

Niceville High School is one of a few schools in Okaloosa County that offers their students this event. Last year, we had over 200 students attend. We would like to see the Class of 2011 have the best participation ever. I think that with your help, we can succeed.

Project Graduation is being held May 19, 2011. The cost is \$50.00 per student until January 20 and after that it will be \$60.00. This includes entrance into Big Kahuna's water park in Destin, thrill rides, miniature golf, go-carts, volleyball, snacks, and breakfast. Project Graduation would not be complete without door prizes.

The students will be transported to the park by bus starting at 10:00 p.m. from the Niceville High School bus ramp. When the fun is over the students will return by bus to the school at 3:00 a.m. the next morning for breakfast in the cafeteria. We must have at least 200 students prepaid by March 1st in order to have Project Graduation. There are two simple ways to purchase tickets. You can mail signed permission slip with payment or drop it off anytime during the school day in the box with Project Graduation posted on the outside (located in the school office.) **When making a payment, please make checks payable to NHS Project Graduation and be sure to include the permission slip.**

Thank you,

Mary J. Brinkley
Project Graduation Chairperson
NHS All School Booster Club (217-7715)

Jim Evans
NHS All School Booster Club President
(897-4678)



NICEVILLE HIGH SCHOOL PROJECT GRADUATION CONTRACT
May 19, 2011

Project Graduation is considered an NHS school event. There will be **Zero Tolerance** on the following rules. The rules were established to ensure the safety of all students.

1. Participants may not **LEAVE THE PARK!** There will be no excuses accepted. In case of emergency only a **parent or guardian** may pick up a student.
2. **Parents may not drop their students off at Big Kahuna's for any reason.** The student will not be allowed to enter the park. The bus is only means of transportation. There will be a patrol man in the NHS parking lot throughout the evening to make sure the students' vehicles are safe.
3. Students must park in the lower parking area. **Assemble in the visitor's parking lot and do not use the bus ramp to enter this area.**
4. **NO ILLEGAL SUBSTANCES, NO CIGARETTES, NO ALCOHOL, NO DRUGS.** There will be police officers on duty to search all bags before loading buses.
5. **NO FOOD OR DRINKS ALLOWED ON THE BUS RAMP!** Even if it has not been opened, there are refreshments at the park.
6. Cell phones are allowed. If you bring your cell phone, **you will be responsible** for it.
7. **Tickets are \$50.00 when paid before January 20** or \$60.00 after January 20. **There are no refunds** so make sure you want to go before you pay!
8. Buses will be leaving periodically from 10:00 – 11:00 p.m. **No buses after 11:00 p.m.**
9. **Students must have a ticket in order to participate.** If you lose your ticket, we will have record of your purchase, but it will delay your boarding time.
10. **ONLY NHS Graduating Students are eligible to win prizes and receive T-shirts.**
11. **NHS underclassmen are not permitted to attend.** Project Graduation is for NHS Graduation Students. Graduating students may sponsor non-NHS guests that are graduates or older.
12. **Students are responsible for any damages to the park.**
13. **If any of the rules are violated, you will be expelled from the park and your parents (only) will be called to pick you up.**

Student Signature

Parent Signature

WE NEED YOU TO VOLUNTEER! (Please circle and return)

BUS RAMP 9:30 – 11:30 PM

FOOD

10:00 PM – 3:00 AM

CHAPERONE

10:00 PM – 5:30 AM

MIS 1419
Rev. 10/08

**Okaloosa County School District
Office of Community Affairs
Volunteer/Mentor Affidavit**

Thank you for your interest in serving as a school volunteer or mentor. For the protection of our students, the Okaloosa County School District requests a response from each school volunteer to the following items. Volunteers will be asked to complete a new Volunteer/Mentor Affidavit each school year.

1. I agree to acquire, read, and follow the guidelines included in the Okaloosa County School District Volunteer and/or Mentor Handbook.
2. I, _____, as a participant in Okaloosa County's School Volunteer or Mentor Program, agree to keep strictly confidential any information to which I may have access concerning any and all students, thereby meeting the requirements of the Family Education Rights and Privacy Act.
3. I understand that as a participant in the Mentor or Volunteer Program, contact with students is only to take place while at school and/or during school-related activities. Any attempts to communicate or make contact with students by mentors/volunteers outside of school are strictly prohibited.
4. Equity Policy - Prohibiting Discrimination
 - A. It is the policy of the School Board of Okaloosa County to offer students the opportunity to participate in appropriate programs, services, and activities without regard to race, color, religion, sex, age, national or ethnic origin, political belief, marital status, parenthood, pregnancy, disability, sexual orientation, or social and family background.
 - B. Students, while they are in school or participating in school-related activities, are entitled to an environment free of discrimination and/or harassment by other students or adult employees or volunteers. Students should not be subjected to nor should they subject others to:
 - 1) slurs or innuendoes about any characteristics listed in A above;
 - 2) any activity or talk related to A above that creates an offensive educational environment or unreasonably interferes with the individual's school performance or participation in educational opportunities;
 - 3) sexual advances, requests for sexual favors, or physical conduct of a sexual nature.
 - C. All employees and volunteers are expected to work with other employees, to teach students, and to supervise or to be supervised in their work by other employees without regard for race, color, religion, sex, national or ethnic origin, age, marital status, or disability.
5. Drug Free Workplace
 - A. The school district complies with the Drug Free Workplace Act of 1988 to maintain a drug-free workplace. The "workplace" shall be defined by U.S. Code and Code of Federal Regulations - as amended from time to time.
 - B. Each employee and the public is hereby notified by this policy that the unlawful manufacture, dispensing, possession, distribution, or use of a controlled substance or alcohol is strictly prohibited at any and all work sites or work related functions or as a part of any school activity, or any function held on school board property.
6. I am aware that for the protection of students, the Okaloosa County School District requires and conducts FDLE Sexual Offender and Predator screenings on all volunteers. National and Florida Department of Law Enforcement background checks are conducted on all school mentors and spot background checks on school volunteers. In addition, volunteer coaches will be fingerprinted. I hereby approve of such a check on my background.
7. Have you ever been convicted of, pleaded guilty to, pleaded nolo contendere (no contest) or had adjudication withheld for a crime constituting a felony or any act involving moral turpitude?
_____ Yes _____ No

If you answered "Yes" to the above, do you think that act would reduce your effectiveness as a volunteer? Please explain, or if preferable, make a conference appointment with the principal:

8. References: Please list two individuals whom you have known for at least one year:

Name: _____ Phone: _____

Name: _____ Phone: _____

My notarized signature below indicates that the information provided on statements 7 and 8 is correct and that I agree to statements 1-6.

Volunteer's Signature _____

Full Name (please print) _____

Address _____

City, State, Zip Code _____

Email address _____

Home Phone Number _____ Emergency Phone Number _____

Date of Birth _____ Place of Birth _____

Color of Eyes _____ Color of Hair _____ SS Number _____

State of Florida
County of Okaloosa

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

by _____ who is personally known to me or who has produced

_____ as identification and who did/did not take an oath.

(Notary Seal)

Notary Public

This individual is recommended for appointment as a school volunteer.

School Administrator's Signature

School

OFF-CAMPUS SCHOOL ACTIVITY

TO: Parent/Guardian

T-Shirt Size: _____

FROM: School Principal

All Students participating in off-campus school sponsored activities shall have the "Off-Campus School Activity" form (MIS 5185, REV02/02) completed and signed by a parent or guardian. This form shall accompany the sponsor(s) to the off-campus activity(s) and should be completed as follows:

- A. **Student activities in-county/off-campus:** Parent or guardian shall complete the parent permission portion of the form for each activity. The form is not required to be notarized for in-county/off-campus activities.
- B. **Student activities requiring off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized for each activity, unless the form has previously been under the multiple off-campus activities guidelines.
- C. **Student Activities requiring multiple off-campus/out-of-county travel:** Parent or guardian shall complete the form in its entirety and have the form notarized. Completion of the form may be used for all related activities (example: band trips scheduled for the school year).

PARENT/GUARDIAN COMPLETE FOR A, B, AND/OR C.

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Niceville High School. A brief description of the activity follows:

Name of Event: PROJECT GRADUATION 2011 Destination: BIG KAHUNA'S DESTIN, FLORIDA

Designated Supervisor of Activity: DR. LINDA SMITH AND NHS BOOSTER CLUB

Date/Time of Departure MAY 19, 2011 10:00 PM Date/Anticipated Time of Return MAY 20, 2011 3:00 AM for breakfast

Student Cost: \$50.00 before January 20, 2011 or \$60.00 after Method of Transportation: SCHOOL BUS

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent by ASAP (date). As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

If your child requires medication to be administered during this activity, please complete the following information:
List any medications needed during this activity: _____ . Parents must supply all medications in their original prescription container. List all allergies of student: _____. If any medications are listed, parent or guardian must speak with the designated employee prior to the activity. Both must sign below. If this is not completely filled out, your child will not be allowed to participate in this activity.

Parent/Guardian _____ Employee _____

I hereby consent to participate by my child, _____, in the event described above. I understand this event will take place away from school grounds and my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation and required information on medications.

Please print or type name Date Signature

PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT COMPLETE FOR "B" AND/OR "C" ON THE BACK OF THIS FORM.

(OVER)

PARENT/GUARDIAN PERMISSION FOR EMERGENCY TREATMENT: COMPLETE FOR "A", "B" AND/OR "C"

On rare occasions an emergency requiring hospitalization, surgery, and /or other medical treatment develops. The designated supervisor of this activity will attempt to contact the parent/guardian prior to emergency treatment consent. In some state/countries, students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian; therefore, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay if an emergency does occur and we are unable to contact the parents.

In the event of injury and/or illness to our son/daughter/ward, _____
Student Name and Social Security Number
born _____ Address _____
Month/Day/Year Street City State Zip Code

Health Insurance Plan and Plan Number _____

We hereby authorize an Okaloosa County School District representative who is employed on the District school campus to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Okaloosa County School District and the representative from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

Please print or type name Date Signature

Telephone Number Emergency Contact Person Emergency Telephone Number

Comments: _____
Allergies: _____

Place this completed form with payment in the foot locker located in the Attendance Office to be submitted to the sponsor in charge of this off-campus activity.

For Administrative Purposes, Please Do Not Write Below

Ticket # _____ Check # _____ Date Submitted: _____