



**REGISTRATION FORM for the 2024 ALL NIGHT GRAD PARTY\***

Depart from LHS on Sun, June 2 after graduation. Return to LHS on Mon. June 3 at 5:00 AM.

\*If you are **NOT** registering for the party online using SchoolPay, please complete this form and deliver to Lincoln High School main office, Attention Jill Ross. [jross2@pps.net](mailto:jross2@pps.net)

Funds are available upon request! If you are seeking financial assistance, please complete and return this form directly to the Lincoln main office. Attention: Jill Ross

Note: If there are any questions that you are unable to answer (e.g. physician name, insurance information) please write "N/A". Questions? Contact [gradpartylhs@gmail.com](mailto:gradpartylhs@gmail.com)

STUDENT FIRST NAME:

STUDENT LAST NAME:

STUDENT CELL #:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN EMAIL:

PARENT/GUARDIAN PHONE #:

STUDENT Date of Birth:

STUDENT ADDRESS:

EMERGENCY CONTACT NAME (other than parent/guardian):

EMERGENCY CONTACT PHONE NUMBER:

EMERGENCY CONTACT RELATIONSHIP TO STUDENT:

PHYSICIAN'S NAME:

PHYSICIAN'S PHONE #:

MEDICATIONS:

ALLERGIES or CHRONIC CONDITIONS:

FOOD RESTRICTIONS OR ALLERGIES,  
INCLUDING VEGAN, VEGETARIAN, GLUTEN FREE:

MEDICAL INSURANCE PROVIDER:

MEDICAL INSURANCE POLICY #:

MEDICAL INSURANCE GROUP #:

Parent/Guardian Authorization and Medical Release Form \*

My child has permission to attend the Senior Graduation Party. I understand that this is not a school-sponsored event. I agree not to hold Portland Public School District, Friends of Lincoln, vendors, host venue, and each member of the Parent Planning Committee liable for any accident, loss or theft that may occur during the course of this event. I give permission to the adult staff to transport my child to and from an off-site location during the course of this event for the purpose of the event. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery for my child as named above. I recognize that I will be responsible for any costs incurred for this treatment.

Yes, I agree.

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student Participation Agreement \*

I understand that the Parent Planning Committee for the Senior Graduation Party is dedicated to providing an inclusive, safe, alcohol and drug-free event. If a student engages in any inappropriate behavior, their parent/guardian(s) will be called immediately to pick up their child. If applicable, no refunds will be granted under these circumstances.

Yes, I agree.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CIRCLE ONE BELOW:**

1. ATTACHED IS \$80 CASH
2. ATTACHED IS \$80 CHECK made out to "Friends of Lincoln"  
*Subject Line: Grad Party & Student's Name*
3. I will pay via credit card / Apple Pay in the school store on Friday at lunch time.