

Class of 2019 Senior Celebration Registration

Mark your calendar for **Saturday, April 6, 2019** at **NNHS** from **8 p.m. to 1:30 a.m.**
Arrive for check in at 7:00 p.m. - Doors close at 8:30 p.m.



Senior Celebration is a parent-run, mega-party extravaganza for Seniors only!
 This yearly tradition began in 1993 by an NNHS parent as a gift to our graduates.
 Thousands of students have experienced the "secrets" of Senior Celebration
 and consider it one of their favorite events at Naperville North High School.

Event Fee: \$55 until 1/1/19 when fee increases to \$65

Turn in COMPLETED FORM & PAYMENT at August registration, or to the NNHS main office,
 or mail to "**NNHS - Attn: Senior Celebration, 899 North Mill St., Naperville, IL 60563.**"
 Contact nhsseniorcelebration-registration@gmail.com or NNHS Student Activities with questions.

Event Rules

1. Senior Celebration is a **LOCK-IN** party. Once checked in, students are not allowed to leave.
2. Parents will receive a phone call if their registered student is not checked in by 8:30 p.m.
3. Each student must **bring a valid school photo ID** for admittance.
4. Purses, bags, keys & jackets will be checked in the Contest Gym during the entire event.
5. Parent signature indicates **student has permission to participate in all SC19 activities.**
6. Decorations are used annually and should be left alone during and after Senior Celebration.
7. *All school **rules & policies in the NNHS Student Handbook apply** at Senior Celebration, including but not limited to dress code, smoking, alcohol, drugs & technology.*
8. Any student who breaks a rule will be subject to dismissal. A call will be made to the student's home, and the student will be dismissed ONLY to his/her parent or guardian.

COMPLETE & SUBMIT THIS REQUIRED FORM TO ATTEND.

"I understand and agree to follow all Senior Celebration 2019 'Event Rules' as stated above."

Student Signature:	
Parent/Guardian Signature:	
PLEASE PRINT CLEARLY	
Student Name:	Student ID#
Parent/Guardian Phone Number(s) during event:	Amount paid: \$
Parent/Guardian Email:	Cash/Check: #
Physician/Urgent Care Name & Phone: (MANDATORY for student well-being.)	For Office Use
HEALTH NOTES: Please indicate any concerns including but not limited to current medication, allergies, asthma, diabetes, or other information:	