**TUESDAY, MAY 26, 2015**

Following Graduation

**Until 5am (5-27-15**)

**MAKE SURE TO FILL OUT THE FRONT AND BACK OF THIS FORM!**

Class of 2015

Senior All Night Party

Registration & Cost:

$70.00 (now until December 31, 2014)

$80.00 (Jan. 01- May 25, 2015) $90.00 (May 26, 2015 until 10 a.m.)

**Party Check In:**

**6pm, Tues., 5-26-15 at NHS Athletic Field Parking Lot**

(Students attending the SANP will be bused to graduation. Following graduation students will have the opportunity to change and send graduation clothes home with their families. We will load busses again following graduation and depart for the secret locations)

**Special Request:** Please send a copy of the graduate’s baby/kindergarten picture along with this registration by 5-01-15. Please put students name on the back of photo. **Photos can NOT be returned.**

**Make checks payable to: Northview SANP Class of 2015. Payment, this completed & signed registration form, and photo may be returned to the high school office or mailed to:**

**Lorrie Hiler Atten: SANP 2015**

**2134 Audley Drive NE**

**Grand Rapids 49525**

**SANP Contacts:**

**Ken Hankinson:616-308-9343 (CoChair) kenhankinson@hotmail.com**

**Jen Adams: (Co-Chair) jadams2828@yahoo.com**

**Lorrie Hiler: 616-862-1990 (Co-Treasurer)** [**hilerlor1@hotmail.com**](mailto:hilerlor1@hotmail.com) **Shelly Goetcheus: (Co-Treasurer) goetch@msn.com**

**Melissa Bockheim: (Secretary)** [**mmbbock@hotmail.com**](mailto:mmbbock@hotmail.com) **Robin DeMario: (Co-secretary) d\_michael@att.net**

**\*\*\* To automatically receive updates and information about the SANP 2015 please email your name & graduate’s name to northviewsanp2015@gmail.com. Additional news on the class website <http://northviewsanp2015.weebly.com> or go to “Northview class of 2015 sanp parents” on facebook.**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_I have enclosed a check, money order, or cash for the full payment.

\_\_\_\_\_I would like to use a payment plan of $25 now, $25 by 11-15-14, and $20 by 1-15-15 (reminders will NOT be sent).

If the full payment plan is not paid for by January 15, 2015 the cost of the party does increase $10 to the $90 due after 1-15-15.

**PARENT INVOLVEMENT**

\_\_\_\_\_Please accept my additional gift of $\_\_\_\_\_\_\_\_\_\_\_ to help this event be great for all students.

\_\_\_\_\_In lieu of fundraising here is a donation of $50, $75, or $\_\_\_\_\_\_\_. I would like to donate \_\_\_\_ prizes \_\_\_\_\_ money.

\_\_\_\_\_I would like to help with upcoming events to help raise funds for the party.

I give permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the 2015 Senior All-Night Party. I agree that the SANP/volunteers and/or Northview Public Schools and/or their employees will not held responsible for any accidents or loss of personal property, regardless of the case. I agree to release the SANP committee, all volunteers, and or Northview Public Schools and/or their employees from all claims and/or damages which may arise as a result of such accidents or loss.

* **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Student Signature (if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **SIGN THE BACK SIDE OF THIS PAPER TOO! ALL PAYMENTS RECEIVED ARE NON-REFUNDABLE!**

**Here is what we as parents/guardians need from you to make this a FUN Celebration**

**Other Information:**

Following graduation, you will be able to change in the rooms assigned and put all of your graduation clothes into a “Check in Bag” or preferably send clothes home with a relative or friend not attending the party. We will then load busses no later than 9:45 pm.

A mild search will be made of the graduates prior to loading the busses. This is for their safety and the safety of other graduates. If any illegal substance is found, the graduate will be asked to step aside and a parent and/or authority will be called. Once you are cleared, you will be asked to sign-in.

**Party Times:**

**6:00 pm Load Busses in Athletic field parking lot.**

**6:30pm Arrive at Sunshine Church**

**9:15pm Load busses at Church**

**5:00 am Arrive back at Northview High School Athletic Field Parking Lot.**

Once you are on the bus, you may not get off. We will be keeping a list of graduates for each bus and you will be expected to ride this same bus to all sites.

**Rules:**

In addition to the participation requirements, the following rules also apply at the SANP.

* All school rules remain in effect.
* No smoking
* No alcohol-No illegal substance of any kind. Possession of any alcohol, cigarettes or drugs will result in parents being contacted to take you home. Also students who arrive smelling of marijuana, noticeably under the influence of alcohol or drugs WILL NOT be permitted to board the bus. The student(s) will be taken aside and the parents and/or authority will be called.
* No destruction or vandalism to the location(s) of the party.
* No fighting.
* No weapons, firecrackers, etc.
* No vulgar or inappropriate behavior.

**Admission:**

* The completed sign up and parental permission form must be completed and turned in with full payment before noon on May 26, 2015.
* Only 2015 Northview HS graduates are invited to attend the SANP.
* To maintain security, students will only be allowed to have one car key in their possession. No backpacks, purses, cell phones, iPods, mp3 players, handheld games or camera.
* No students will be allowed to leave early unless declared ill.
* Please dress appropriately for the weather that night.
* An emergency number will be given to the parents before the night of graduation.

I, a soon to be graduate of Northview High School Class of 2015, have read and understand the Admission, Rules, Party Times and Other Information as listed above. I know this information is written to make this celebration a success for all, and I will abide by these guidelines the night of the party.

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY AND MEDICATION PERMISSION SLIP FOR SANP 5-26-15**

I give permission to the medical volunteers to provide medical treatment in the event of an emergency. This also includes providing aspirin, non-aspirin or anti-acids as needed. Any prescription medication needs to be in a Ziplock with the graduates name and instructions with your signature inside the Ziplock and given to the designated SANP volunteer.

In case of emergency, I prefer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital.

Any special needs/allergies that volunteers need to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During the All Night Party if I cannot be reached, please contact this number in case of emergency.**

Emergency Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Use Only:

*Received \_\_\_\_\_\_\_\_\_\_\_ Received \_\_\_\_\_\_\_\_\_\_\_ Received \_\_\_\_\_\_\_\_\_\_\_*

*Amt. Paid \_\_\_\_\_\_\_\_\_\_ Amt. Paid \_\_\_\_\_\_\_\_\_\_ Amt. Paid \_\_\_\_\_\_\_\_\_*

***Balance \_\_\_\_\_\_\_\_\_\_\_\_ Balance \_\_\_\_\_\_\_\_\_\_\_\_ Balance \_\_\_\_\_\_\_\_\_\_\_\_***