

Class of 2013

Dear Parents/Guardians:

The Stafford Township Municipal Alliance in cooperation with the Southern Regional High School District and the Ocean Township and Long Beach Island Municipal Alliances, is planning the **NINETEENTH PROJECT GRADUATION**. The purpose of the project is to provide a safe drug and alcohol free celebration on the night of graduation. **ANYONE THAT IS UNDER THE INFLUENCE OF OR IN POSSESSION OF ALCOHOL OR AN ILLEGAL SUBSTANCE WILL BE CHARGED ACCORDINGLY.**

We are asking parents or friends to drop off students in front of the 11-12 Building between 9:30 p.m. and 10:00 p.m. at which time students will be advised of their assigned rooms. Students are to report to these assigned rooms upon arrival and remain there until time to board buses. During this time, bags each student will be given an identification bracelet tag to wear. From the high school, school buses will then transport everyone to The Funplex in Mount Laurel. Some of the activities that the students will enjoy at The Funplex are go-karts, bumper boats, tilt-a-whirl, mini golf, laser tag tournament, air hockey tournament, bowling, entertainment, etc. Food and soda will be served during the night. In addition, prizes will be distributed and breakfast will be served. From The Funplex, students will be transported home. The Southern Regional School Board has approved transporting Manahawkin and Long Beach Island students to their normal bus stop. Waretown students will be taken to bus stops that will be provided to the students at a later date.

In order to make all this possible, we need your help and cooperation. By having these activities begin later in the evening, we are attempting to leave time for family dinners on the night of graduation and we're asking that if you are planning a party for your graduate that it be held on another evening if at all possible. This will be the last opportunity for the class of 2013 to be together.

WE ARE ASKING FOR A MINIMUM DONATION OF \$25.00 PER STUDENT. IF THIS POSES A HARDSHIP, PLEASE CALL ME. ENCLOSED, PLEASE FIND A PERMISSION SLIP FOR YOUR GRADUATE. PLEASE DISCUSS THIS WITH HIM OR HER, COMPLETE THE FORM AND RETURN IT TO GAIL BOTT AT 260 E. BAY AVENUE, MANAHAWKIN, N.J. 08050 AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

A safer post-graduation for the students at Southern Regional will save lives and also prevent serious complications that arise from substance abuse in the community. If you have any questions, please feel free to call me at 597-1000, extension 8585.

Thank you,

Gail M. Bott
Director Stafford Township Municipal Alliance
On Behalf of the Project Graduation Committee

**CLASS OF 2013
PROJECT GRADUATION DONATION**

_____ \$25.00

_____ \$50.00

_____ OTHER

_____ *BUSINESS DONATION

*Any business donation of \$500.00 or more will have business name printed on back of Project Graduation tee shirts.

NAME _____

ADDRESS

Your donation is greatly appreciated. Please make checks payable to "Stafford Township Municipal Alliance" and send your donation to **The Stafford Township Municipal Alliance (please write "Project Graduation" in memo), 260 E. Bay Avenue, Manahawkin, N.J. 08050.** If you have any questions, please call Gail Bott at (609) 597-1000, Ext. 8585.

STAFFORD TOWNSHIP MUNICIPAL ALLIANCE
WITH LONG BEACH TOWNSHIP AND OCEAN TOWNSHIP
MUNICIPAL ALLIANCES
PROJECT GRADUATION – CLASS OF 2012
PERMISSION SLIP

I HEREBY GIVE PERMISSION FOR: _____

I.D _____ GENDER: M ____ F ____

SHIRT SIZE _____

To participate in Project Graduation Activities at the Funplex, Mt. Laurel, N.J. on the evening of Graduation, I release all participating Municipal Alliances, Stafford Township, Southern Regional District School Board, Southern Regional School District and its Employees, Southern Regional Transportation Association, Southern Regional Education Association and ANY and all Participating Education Associations and their Associates from **ALL LIABILITY**.

The following information must be completed on *both sides* of this permission slip for ***Project Graduation***. Please complete **ALL** areas listed and **mail to MRS. BOTT AT STAFFORD MUNICIPAL ALLIANCE, 260 E. BAY AVE., MANAHAWKIN, N.J. 08050 BY MONDAY MAY 7, 2012.**
Unless this form is returned, your student may not be eligible to participate in this activity.

WILL STUDENT BE ATTENDING? Yes _____ No _____

BUS STOP – THIS MUST BE COMPLETED (Nearest cross street to your home)

TELEPHONE NUMBER (Where parent can be reached the night of Project Graduation)

MEDICAL INSURANCE – COMPANY NAME & POLICY NUMBER

(If not insured – please write in N/A)

PARENTS SIGNATURE

I hereby give my permission for my senior/graduate to attend Project Graduation

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Students Name (print neatly)	Date of Birth

Is your son/daughter currently taking any prescription drugs?	
NO	YES (please give the name of the drug and how often the drug is to be taken:

Do you give your son/daughter permission to take over-the-counter, non-prescription medication in case of emergency?	
No	Yes

Does your son/daughter suffer from any health problems?	
No	Yes (please specify)

Does your son/daughter suffer from allergies?	
No	Yes (please specify)

ALL PRESCRIPTION DRUGS MUST BE REGISTERED WITH THE SCHOOL NURSE ON THE EVENING OF THE PROJECT GRADUATION TRIP BEFORE BOARDING THE BUS

Any questions, please call Gail Bott,
Director of Stafford Township Municipal Alliance
597-1000, ext 8585
Alliance@Twp.Stafford.nj.us