

# dPacific Trails Middle School – Activities Contract



**Red Carpet Dance**  
**Thursday, October 19, 2023**  
**5:00-7:00 pm**  
**PTMS Quad**

I, the undersigned student of Pacific Trails Middle School, agree to the following:

- ❖ At the activity, I understand that the PTMS Administration reserves the right to enforce all of the rules and regulations of the San Dieguito Union High School District and PTMS.
- ❖ I must arrive and check into the activity no later than **5:20 p.m.** Once at the activity, I am unable to leave early unless my parent/guardian is present to pick me up.
- ❖ I will bring my PTMS student I.D. card with me when I purchase my ticket AND when I attend the activity.
- ❖ Tickets will be available for purchase during lunch at the ASB table or before/after school from Vetha in the front office. **They will cost \$5 from October 9th - 13th. From the 16th - 19th it will cost \$10.** This includes entry, food, and entertainment. They will NOT be for sale at the door of the dance.
- ❖ I will see PTMS Administration immediately if I lose my ID card or have a problem.
- ❖ I understand that I must be appropriately dressed at all times during the activity.
- ❖ I understand that only PTMS students with completed Activities Contracts will be allowed entry.
- ❖ I understand that it is a state law that smoking is prohibited. I will not consume, or otherwise use, any alcohol or drugs, either before or during the activity.
- ❖ I am aware of the San Dieguito Union High School District's policy of mandatory suspension if caught under the influence and/or in possession of alcohol and/or drugs.
- ❖ The food provided at the event may not meet all students dietary needs/allergy restrictions. \_\_\_\_\_ please initial if your student has dietary restrictions and will **need** to bring their own food. (This includes vegetarian, vegan, etc.) Other outside food/drinks will not be permitted.

\_\_\_\_\_  
**Student Name – Print (First & Last)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student ID Number**

\_\_\_\_\_  
**Homeroom Teacher**

\_\_\_\_\_  
**Parent/Guardian Name - Print (First & Last)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\*Any Pacific Trails Middle School student who is in need of financial assistance is encouraged to contact their counselor.

