

SCHOLARSHIP SENIOR ALL NIGHT PARTY TICKET REQUEST FORM

This request is to be completed if you find it difficult to pay the full or partial ticket price for the Senior All Night Party. All requests will be reviewed. You will be contacted within 2 -3 weeks of request submitted. All requests are confidential. Please complete IN FULL and turn the form and attachments into Barb Daly in the principal's office. All requests must be received by May 30, 2025 (or May 12th if the student would like a t-shirt).

Student First and Last Name: _____

Student Cell Phone # _____

T-Shirt Size (if completed by May 12th): _____ (small, medium, large, XL, XXL)

Parent First and Last Name: (please print): _____

Parents Telephone #: _____

Parents' Email: _____

*Please have your school counselor sign form for review process.

School Counselor Signature: _____

SIGNATURE OF PARENT REQUIRED

Parent First and Last Name (please print) _____

Parent Signature _____ Date _____

TO BE COMPLETED BY OFFICE: Approved By _____

Date _____