

# Class of 2009

# Project Graduation

Bergen County Academies  
Project Graduation June 25-26, 2009

Project Graduation for the Class of 2009 will begin immediately following the graduation reception on Thursday, June 25, 2009, at 9:30 sharp. Students will be transported by bus to the undisclosed location for a substance-free, fully chaperoned night of fun, food, and entertainment. Students will return to school at approximately 6:00 AM on June 26th and must be picked up promptly by a parent. **No student will be allowed to drive home by him/herself.**

On the night of graduation, after students have returned their caps and gowns, they will change out of their dress clothes into casual attire (shorts, tee shirts, and sneakers) and give their dress clothes to their parents. Students should only bring a bathing suit; no towel will be needed. Backpacks and other bags are not permitted. Please be aware that neither the chaperones, nor the bus company, are responsible for lost items. **Students should not bring valuables or money.**

Please complete the attached permission slip, emergency form, and additional information form and mail to: Jamie Brizzi, PO Box 344, East Rutherford, NJ 07073.

Signed forms are due by April 10, 2009.

**If we do not receive these signed forms, your child will not be allowed to attend Project Graduation.**

If any student does not adhere to the terms of the Code of Honor Agreement, his/her parents will be called immediately and the student will need to be picked up from the celebration.

Thank you very much for your cooperation. If you have any immediate questions, please feel free to call or e-mail any one of us below:

Jamie Brizzi (201) 724-3900 Email: [BCAPG2009@aol.com](mailto:BCAPG2009@aol.com)

Dianne Devine (201) 785-9744 Email: [Saintjohn5@optonline.net](mailto:Saintjohn5@optonline.net)

Neal Eiseman (201) 725-4004 Email: [Neallynda@gmail.com](mailto:Neallynda@gmail.com)

# Bergen County Academies Project Graduation June 25-26, 2009

## PERMISSION FOR OVERNIGHT TRIP AND MEDICAL TREATMENT CONSENT FORM

PLEASE PRINT CLEARLY

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency/Cell Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

In case of emergency, I give authorization for my child to be taken to the nearest hospital for treatment. I understand that I will be called by the chaperones. I understand that I must come immediately to be with my child to guide the health care process.

### Authorization to Dispense Medication

Medication	Dosage and when to be given
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Medication	Dosage and when to be given
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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By my signature above, I give permission for my child to attend the BCA Project Graduation overnight trip on June 25-26, 2009. I also allow for the chaperones to dispense the medication(s) indicated above. Medications should be in original packaging and placed in a zip lock bag with the student's name.

**Please return this signed form to: Jamie Brizzi, PO Box 344, East Rutherford, NJ 07073.**

**We must have this form by April 10, 2009. Sorry, no faxes will be accepted.**

# Bergen County Academies Project Graduation June 25-26, 2009

## CODE OF HONOR AGREEMENT

- I agree to strictly observe the rules set by any chaperone and the host facility for Project Graduation. When I am in doubt, I will seek approval from a chaperone.
- I am not permitted to have on my person or use any controlled substances (cigarettes, liquor, beer, wine, drugs, pot, etc.) Prescription medication must be given to the chaperones.
- I accept responsibility to act as a student ambassador at all times and understand that I represent the Academy community at all times. Appropriate behavior will be demonstrated at all times. I further understand that all school rules apply while on this trip.
- I will not leave the site of Project Graduation for any reason, other than when I board the bus at the end of the event.
- I will maintain complete respect for all chaperones, personnel, staff, and property of the Project Graduation site.
- I understand student/private vehicles are prohibited on this trip and the sole means of transportation is by the buses provided by Project Graduation.
- I understand that I must only use the clear bag provided by the Project Graduation committee. Backpacks or other bags are not permitted. (You do not need to bring valuables or money for any reason.)
- I understand the above rules and regulations are only part of my obligation to act responsibly. I understand further that the rules and regulations listed in the Academy Student Handbook apply. **Any infraction of these trip or school rules will result in sending me home immediately. I understand my parent/guardian will be called to pick me up.** No exceptions will be made. Parents who sign below understand their responsibility to adhere to this agreement.

**We have read the rules listed above and agree to abide by them in their entirety.**

Please print clearly

Student Name: \_\_\_\_\_

Student address: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Date \_\_\_\_\_

**Please return this signed form to: Jamie Brizzi, PO Box 344, East Rutherford, NJ 07073.  
We must have this form by April 10, 2009. Sorry, no faxes will be accepted.**

**Bergen County Academies  
Project Graduation June 25-26, 2009**

**PROJECT GRADUATION ADDITIONAL INFORMATION FORM**

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_

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

Student's cell phone: \_\_\_\_\_

Student's school e-mail address: \_\_\_\_\_

Student's non-school e-mail address: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Parent's home phone: \_\_\_\_\_

Parent's cell phone: \_\_\_\_\_

The student is: male \_\_\_\_\_ female \_\_\_\_\_

Student's shoe size: \_\_\_\_\_

Student's shirt size: \_\_\_\_\_

**We must have this form by April 10, 2009.**