



Cherokee Trail High School



Cherry Creek Schools
Dedicated to Excellence

Activities Office
25901 East Arapahoe Road
Aurora, Colorado 80016-2022
PHONE: 720.886.1940 FAX: 720.886.1987

PERMISSION FOR ELEVATION STUDENT TO ATTEND THE CHEROKEE TRAIL HIGH SCHOOL PROM

I agree to supply completely and truthfully the information below. I understand that the Administration at Cherokee Trail has the right to verify this information and to refuse admittance of any student or guest to the Prom. The following rules apply:

1. Elevation juniors and seniors whose home school is Cherokee Trail are invited to attend the Cherokee Trail Prom. To attend, this completed form and copy of Elevation Student ID must be returned to the Cherokee Trail High School Activities Office no later than 3:45 p.m. on Wednesday, April 23, 2025.
2. The CTHS Prom is Saturday, May 3, 7:00 – 10:00 p.m. Students needing a ride should arrange for pick up at 10:00 p.m. Attendance at future events may be denied for students who are not picked up by 10:15 p.m.
3. An Elevation student wishing to bring a guest from a school other than Cherokee Trail (including another Elevation student who is not a former CTHS student) or a non-high school guest must complete the other side of this form and submit a picture of his/her guest's id. No middle school students or guests over the age of 21 will be approved for attendance.
4. All students and their guests, regardless of age, will be held accountable to Cherry Creek School District policies regarding alcohol, drugs, tobacco, and behavior.
5. When purchasing tickets, each student must have a copy of his/her Elevation school ID. Tickets will be sold Monday, April 28 – Friday, May 2 during all lunch periods (11:40 a.m. – 1:50 p.m.) at Cherokee Trail High School. If a ticket must be purchased outside of this time frame, please contact the Activities Office at 720.886.1940 to make alternate arrangements.

PARENT PERMISSION

I am aware that my student is attending this CTHS event as a guest. I understand that my student must adhere to all CTHS and CCSD rules and standards.

Parent/Guardian Name (PRINTED) _____

Parent/Guardian Signature _____ Phone Number _____

SCHOOL ADMINISTRATOR/COUNSELOR/DEAN PERMISSION

I affirm that the information on this form regarding this student guest is correct and that this student is in good standing at Elevation. I recommend that this student be allowed to attend this CTHS event.

Admin/Counselor/Dean Name (PRINTED) _____

Admin/Counselor/Dean Signature _____ Phone Number _____

STUDENT AGREEMENT

I have read the rules regarding my attendance at this CTHS event. I understand that as a guest, I must abide by the same rules and standards expected of all CTHS students.

Student Name (PRINTED) _____

Student Signature _____



Cherokee Trail High School/Elevation Guest Registration Contract

2025 Prom – Saturday, May 3, 7:00-10:00 p.m.

Cherokee Trail High School
 Activities Office
 720.886.1940
 CTActivities1@gmail.com

FORM MUST BE SUBMITTED TO ACTIVITIES BY WEDNESDAY, April 23, 2025 AT 3:45 PM
NO LATE FORMS WILL BE ACCEPTED
Completed Guest Registration Contract and/or Guest ID may be emailed to CTActivities1@gmail.com. Registration is NOT COMPLETE until Elevation student calls Activities at 720-886-1940 to verify receipt of documents.

I agree to supply completely and truthfully the information below. I understand that Cherokee Trail High School Administration has the right to verify this information and that Cherokee Trail High School Administration may conduct a criminal records check.

ELEVATION STUDENT AND GUEST, PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING OF THE FOLLOWING EXPECTATIONS:

ELEVATION STUDENT	GUEST	EXPECTATIONS
		This completed contract must be returned by 3:45 p.m. on Wednesday, April 23, 2025 to the Activities Office with a copy of the guest's photo ID (may be school ID, driver's license, or passport) and birth date. A list of all approved guests will be posted outside of Activities and at the ticket sales table by Thursday, May 1, 2025. It is the responsibility of the Elevation student to verify that the guest's name is listed. Completed Guest Registration Contract and/or Guest ID may be emailed to CTActivities1@gmail.com. Registration is NOT COMPLETE until Elevation student calls Activities at 720-886-1940 to verify receipt of documents.
		All guests must be under the age of 21 and may not be middle school students. The guest is the responsibility of the ELEVATION student. If the guest is asked to leave, the ELEVATION student will also be asked to leave. No refunds will be given for students asked to leave the dance.
		All students and their guests, regardless of age, will be held accountable to CCSD rules regarding alcohol, drugs, and tobacco.
		When purchasing tickets, the Elevation student must purchase their ticket and the guest ticket at the same time.
		All ELEVATION students must bring a current ELEVATION ID and all guests must bring a current photo ID to the dance. Each student may only bring one guest, and the ELEVATION student must enter and leave the dance with the guest.
		In keeping with the CTHS vision to prepare our graduates for college, work and life, students will be held to CHSAA eligibility standards for all school dances. <i>Students with 2 or more F grades as of the morning of April 22, 2025, will be unable to participate in Prom.</i> In addition, students with excessive unexcused absences and/or major behavior concerns may be unable to participate in this event. It is our desire to see all students involved and enjoying the high school experience, and we believe that our students can and will meet our expectations that they are strong students FIRST.

Elevation student must complete this section	Guest currently attending high school must complete this section
<p>Elevation Student Full Name (Print Clearly) _____ Grade _____</p> <p style="text-align: center;">Elevation Student</p> <p>I affirm that all information on this form is correct and that Elevation/CTHS administration may verify this information. My initials above indicate that I have read this form, and I agree to abide by the rules listed. Making false statements on this form may result in disciplinary action.</p> <p>_____ Student Signature</p> <p style="text-align: center;">Elevation Student's Parent/Guardian</p> <p>I am aware that my student is bringing a guest to this CTHS event. I have read the rules on this form, and I understand that my student is responsible for the behavior of the guest.</p> <p>_____ Parent/Guardian Name (Print Clearly)</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Parent/Guardian Phone Number</p>	<p style="text-align: right;">_____/_____/_____ Guest Birth Date</p> <p>_____ Guest Name (Print Clearly)</p> <p>_____ Guest School Name</p> <p style="text-align: right;">_____ Guest School ID Number</p> <p style="text-align: center;">Student Guest</p> <p>I have read the rules regarding my attendance at this CTHS event. My initials above indicate that I understand that as a guest I must abide by the same rules and standards that all CTHS students follow. I know that making false statements on this form may be cause for CTHS administration to refuse my admittance to the event.</p> <p>_____ Guest Signature</p> <p style="text-align: center;">Guest's School Administration</p> <p>I affirm that the information on this form regarding the student guest is correct and that this student is in good standing at this school. I recommend that this student be allowed to attend this CTHS event.</p> <p>_____ Guest School Administrator/Dean Name (Print Clearly)</p> <p>_____ Guest School Admin/Dean Signature</p> <p style="text-align: right;">_____ Phone Number</p> <p style="text-align: center;">Guest's Parent/Guardian</p> <p>I am aware that my student is attending this CTHS event as a guest. I understand that my student must adhere to all CTHS and CCSD rules and standards.</p> <p>_____ Guest Parent/Guardian Name (Print Clearly)</p> <p>_____ Guest Parent/Guardian Signature</p> <p style="text-align: right;">_____ Guest Parent/Guardian Phone Number</p>

Complete this section if guest has graduated or no longer attends high school (guest must be under 21 – no middle school students)

_____ Guest Name (Print Clearly)	_____ Guest Driver's License/State ID Number and State	_____/_____/_____ Guest Birth Date
_____ Guest College or Place of Employment	_____ Guest Emergency Contact Name (Printed)	_____ Emergency Contact Relationship (Printed)
_____ Guest's Signature		
I have read the rules regarding my attendance at this CTHS event. My initials above indicate that I understand that as a guest I must abide by the same rules and standards that all CTHS students follow. I know that making false statements on this form may be cause for CTHS administration to refuse my admittance to the event.		
_____ Guest Signature		_____ Parent Signature (if under 18)