



Yulee High School

Grad Bash Policies 2025



As we conclude your senior year at YHS, celebrating your accomplishments, the following reminders, expectations, and procedures are outlined for your assistance. Participation in all senior activities, including the graduation ceremony, is a privilege, not a right of the student. The following criteria must be met to participate in your graduation ceremony. *Adult Ed students are held to the same rules as Yulee High students.*

For all YHS activities and events:

Be respectful, maintain appropriate behavior (fighting, profanity, threats, willful disobedience, and misconduct will not be tolerated), follow the dress code for the activity/event, no possession of alcohol, drugs, or tobacco products, and current CDC guidelines must be followed at all times.

Students' attendance **MUST** be in line with the district policy, meaning that fewer than 10% of the days absent can be UNEXCUSED. Excused absences do not count against them. Any student who receives OSS this semester (1/6-4/25) will **NOT** be eligible to attend the trip.

Grad Bash: Friday, April 25, 2025 to Saturday, April 26, 2025

- Place: Universal Studios, Orlando, Florida
- Time: Meet at YHS at 12:30 PM on 4/25. Return to Yulee by 5 AM on 4/26.
- Price: \$250 cash or personal check made out to Yulee High School, or via GoFan.
- Payments: through 4 PM Friday, February 21, 2025.

Everyone, regardless of age, must travel on the bus to and from Universal Studios. *You may not be picked up or dropped off anywhere but Yulee High School.*

Students will need to complete and turn in this policy page along with the following forms:

1. Policies (this form)
2. Out of County Travel Form
3. Medical Authorization Form

All forms are available to print from our website under the Senior Class section of our Students & Parents tab or in Mrs. Heath's room.

Payments and forms can be brought to Mrs. Heath in room 05-01 until February 21st. **No refunds will be available, so please check dates as well as the attendance & behavior policy before signing up.** Students can only sign up for a bus once all completed forms are turned in. Student-athletes can use their sports packet forms by signing up on the list taped to Mrs. Heath's door.

I AGREE TO READ AND ADHERE TO ALL OF THE POLICIES. I UNDERSTAND FAILURE TO ADHERE WILL JEOPARDIZE MY PARTICIPATION IN THE GRADUATION CEREMONY.

PRINT NAME OF GRADUATE:_____

PHONE #:_____

SIGNATURE:_____

DATE:_____

PRINT NAME OF GUARDIAN:_____

PHONE #:_____

SIGNATURE:_____

DATE:_____

THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA
OFF-CAMPUS SCHOOL ACTIVITY CONSENT FORM

TO: School Principal: Lori Amos School, Nassau County School District

FROM: Parent or Guardian of Student

I/We, _____ parent(s) and/or guardian(s) of _____, hereby grant our permission for _____ to participate in the following off-campus school activity, to wit: Grad Bash Orlando- Universal Studios + Islands of Adventure

Date/Time of Departure: 4/25/25 12:30 PM Date/Estimated Time of Return: 4/26/25 5:00 AM

I can be reached during this trip, at these phone numbers: A.M. _____ P.M. _____

I/We acknowledge that my/our child will be transported to and from said activity either via charter bus, school bus or private vehicle, and I/We hereby authorize him/her to travel in whichever form of transportation is used. I/We further acknowledge the right and necessity of said vehicle(s) to make incidental stops in route to, and in return from, the designated activity when determined to be necessary or desirable by representatives of the District School Board of Nassau County.

I/We understand that under present law, if my/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred by my/our insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/We understand that I/We have assumed that deductible amount when I/We purchased the policy. I/We have health and/or family automobile insurance with the following company(ies):

health insurance co.: _____ policy number _____
automobile insurance co.: _____ policy number _____

In the event that I/We do not have family automobile insurance, I/We hereby acknowledge that that decision is a personal one which I/We have chosen to make, and I/We hereby agree to be solely responsible for any and all medical bills incurred as a result of injury or treatment to my/our child even though I/We have no insurance coverage.

I/We, on behalf of ourselves, our heirs, executors, successors and assigns, in consideration of my/our child participating in the above referenced off-campus school activity, do hereby release and agree to save and hold harmless the District School Board of Nassau County, Florida, its agents, servants, employees and successors, from any and all claims, actions, or liability which may or might arise out of my/our child's participation in the above referenced off-campus school activity.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY OFF-CAMPUS ACTIVITY WITHOUT FIRST RETURNING A VALID, EXECUTED AUTHORIZATION FORM. FAILURE TO EXECUTE AND RETURN THIS AUTHORIZATION FORM TO THE SCHOOL IN A TIMELY MANNER MAY RESULT IN YOUR CHILD'S INABILITY TO PARTICIPATE IN THE CONTEMPLATED ACTIVITY.

I/We hereby certify that we have read the entire contents of this Consent Form and that I/We understand the significance of its terms and condition and agree to abide by the covenants stated herein.

Witness

Parent/Guardian

Date

For Middle and High School Students:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of the District School Board of Nassau County, my School Code of Conduct, and I agree to obey the commands and directions of the particular school personnel chaperoning the activity in which I am participating. I further acknowledge that any violation of these rules and regulations will subject me to disciplinary action just as if said violation occurred on campus.

Date: _____ Student: _____

Nassau County School District

Medical Authorization Form

_____ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by _____ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is _____ Policy Number _____.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has
(Name of Person Acknowledged)

produced _____ as identification and who did (did not) take an oath.
(Type of Identification)

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: _____ Date: _____