## Important Datesi Mark your calendars!

## **April 18 Cap and Gown Pictures**

Arrive ON TIME to school dressed in graduation attire and bring your cap/gown/tassel inside with you to first block. You will be called down after announcements; Class Picture then Individual Pics. There are TWO picture forms, one for class picture and one for individuals. READ the directions on the forms BEFORE picture day. You can only order the class picture that day.

April 20 Prom at New College Institute; \$25 per ticket after the 10th

April 26 Carowinds Trip - turn in your permission forms ASAP; there are still a few spots open - see Mrs. Culler, Mrs. Rose, or Mrs. Wood to pay \$105 and get the permission form

April 29 Decision Day - during 3rd and 4th block; details coming soon

Permission forms due for Elementary Walk - turn in to Rose, Wood, or Guidance office

May 4 Senior Sunset and Outdoor Movie - hosted by the Room Mothers; 7pm at the football field;

Bring a chair or blanket to watch the sunset; Food, a movie, and good time with friends!

May 5 Baccalaureate Ceremony - hosted by the Room Mothers; PCHS Auditorium at 6pm, Seniors arrive at 5:15pm (see flyer)

May 6 Permission forms due for Senior Picnic/Pool - turn in to Rose, Wood, or guidance office

May 8 Elementary School Walk (Morning); Cougars and Cubs Picnic and Play Day (Afternoon)

May 9 Senior Honors Awards at 6:15pm in the auditorium

May 15 Senior Pionic - during the school day; you must attend school - you cannot drive there

May 16 Ten Pin Bowling Night - hosted by the Room Mothers; 7-11pm; tickets \$8; see flyer

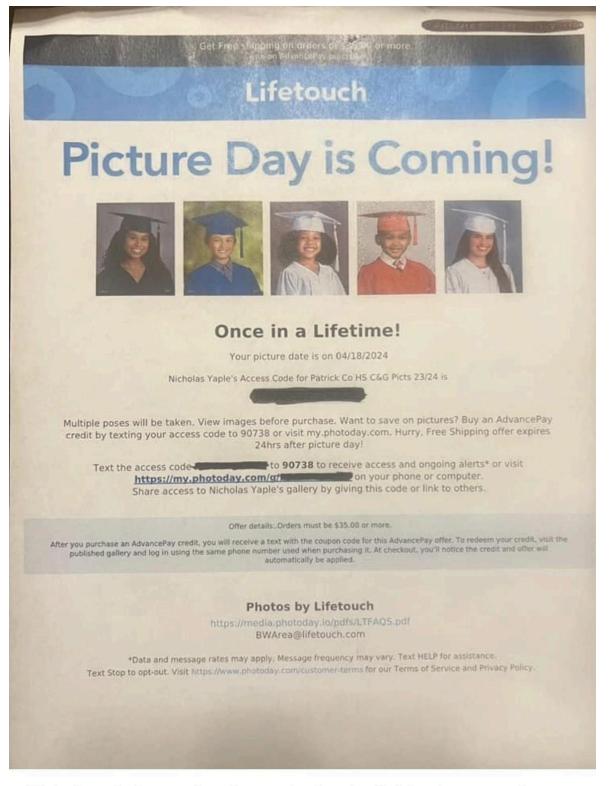
May 17 Graduation Practice at 9am at the field - MANDATORY

Graduation Ceremony at 7pm; Seniors must be back at PCHS at 5 pm

Questions? See Mrs. Rose or Mrs. Wood between classes.

Chat or email: angela.rose@patrick.k12.va.us or elizabeth.wood@patrick.k12.va.us

Mark your calendars! Especially students who have internships, co-op, etc so you don't miss out on any events taking place during all or part of the school day.



This has information for ordering individual cap and gown pictures. Each student has their own code. Some students did not receive this form on Wednesday. We will make sure that all students have their code following pictures this Thursday so that you will be able to go online to preview pictures and order if you'd like.



Thursday is the ONLY day to order the group photo! You must have the form and payment with you.

	PLEASE COMPLETE THIS INFORMATION Complete was related to
Order today on	Student Name Nombre del Alizanos's
etouch.com	Grade Grado
	Teacher Name: Numbre del Massinola
Encarge hay en rysilkesuch com	OPTION 1: Order an mylifetouch, com, complete the student information & online payment code and return the envelope on Picture Day.  OPTION 1: francing on mylifetouch complete is engineered and enablating or coding to page on these, y lenders above of Day do in Fero.
Package A \$15	ONLINE PAYMENT CODE  Flooding on purpopur intenses
10x30 Panoramic Group Picture Foto grupal panoramica de 10/30	OPTION 2: Fully complete this form, insert cash/check and return the envelope on Picture Day, Checks should be payable to Lietouch. Exect payment required. Photographers won't make change.  OPTION 2: See you camplete of algument formation in measurement of the complete
	Package A \$15
	Prizes Induce law whom application  Total Enclosed  TOTAL
	Waiting Address
	City State Zip
	PHOTOGRAPHER/LAB USE ONLY Convert Lotter Robb Frames(u) Groups Padage(s) Option(s) School Print Territory Requise
	Patrick Co High School BW013034T0 BH01XP308037 73488

Please read the directions carefully. You may pay ahead online but must write in the payment code and still turn in the form to order. Paying online does not place your order. If you are paying cash, bring exact change, we will not have change. If you are writing a check make it payable to Lifetouch (NOT PCHS).

em chool		Field Trip Permission Form  Patrick County High School 215 Cougar Lane Stuart, VA 24171	* Wear appropriat Field Day attire * Bring Cap & Gown		
	Student's Name:				
	Field Trip Date: Wednesd	lan, Man 8,2024			
	Club/Organization: Se a Pa	lay, May 8,2024 s class of 2024			
	Davissian Elawas I	T I WIY			
	Destination: Element Trip Duration: 8:30 a	ary valit			
	Trip Duration: 8.80 a	m- 10.30 cm			
	Please complete the form below and	return to your teacher/sponsor as soon as possible.			
-	I give permission for my child to		Date:		
*	Signature of parent				
	I do not give permission for my	child to take the above field trip			
	Signature of parent		Date:		
	Additional rules may apply pending	es and policies (per Handbook- School and Bus) appl teacher/administration discretion. e completed by Academic Teachers	y to all field trips.		
	1st Block:	2 <sup>rd</sup> Block:			
	3 <sup>rd</sup> Block:	4* Block:			
×		EMERGENCY PERMISSION FORM  GRADE:  n problems that might be significant to a physician	AGE:an evaluating your child in		
	case of an emergency	Please list any allergies to medications, etc  Has student been prescribed an inhaler or Epi-pen?  Does student wear contact lenses?  Please list date of tetanus shot?			
	Has student been prescribed an	inhaler or Epi-pen?	not?		
	Please list any allergies to med. Has student been prescribed an Does student wear contact lens	inhaler or Epi-pen?			
	Please list any allergies to med Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for and Daytime phone number (where	inhaler or Epi-pen?  es?  Please list date of tetanus si  TION: In the event I cannot be reached in an err led by the teachers, sponsors, and staff of Patrick I to order injection and/or anesthesia and/or surg to be reached in an emergency)	nergency, I hereby give County High School to hospitalize, ery for the person named above.		
	Please list any allergies to med. Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for and Daytime phone number (where Evening time phone number (v	inhaler or Epi-pen?	nergency, I hereby give c County High School to hospitalize, ery for the person named above.		
	Please list any allergies to med. Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for and Daytime phone number (where Evening time phone number (signature of parent or guardian	inhaler or Epi-pen?  es?  Please list date of tetanus si  TION: In the event I cannot be reached in an err led by the teachers, sponsors, and staff of Patrick I to order injection and/or anesthesia and/or surg to be reached in an emergency)	nergency, I hereby give c County High School to hospitalize, ery for the person named above.		
	Please list any allergies to med Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for and Daytime phone number (where Evening time phone number (signature of parent or guardian Paletionship to student	inhaler or Epi-pen?	nergency, I hereby give  County High School to hospitalize, ery for the person named above.		
	Please list any allergies to med. Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for an Daytime phone number (where Evening time phone number (where Signature of parent or guardian Relationship to student * EMERGENCY PERMISSION	inhaler or Epi-pen?  es? Please list date of tetanus si  TION: In the event I cannot be reached in an err led by the teachers, sponsors, and staff of Patrick I to order injection and/or anesthesia and/or surg to be reached in an emergency)  where to be reached in an emergency)  ON form may be reproduced to travel with club/or	nergency, I hereby give  County High School to hospitalize, ery for the person named above.		
	Please list any allergies to med Has student been prescribed an Does student wear contact lens EMERGENCY AUTHORIZ permission to physicians select secure proper treatment for and Daytime phone number (where Evening time phone number (signature of parent or guardian Paletionship to student	inhaler or Epi-pen? es? Please list date of tetanus si TION: In the event I cannot be reached in an err ed by the teachers, sponsors, and staff of Patrick it to order injection and/or anesthesia and/or surg to be reached in an emergency) where to be reached in an emergency)  ON form may be reproduced to travel with club/or eded.	nergency, I hereby give  County High School to hospitalize, ery for the person named above.  organization and is acceptable		

Elementary Walk in the AM. Cougars and Cubs event at the high school for lunch and the afternoon. All seniors and kindergarten students will be participating. This will be a FUN DAY! Be sure to sign all three places.

## Field Trip Permission Form Patrick County High School 215 Cougar Lane Stuart, VA 24171 Student's Name: Field Trip Date: 3:30 pa Please complete the form below and return to your teacher/sponsor as soon as possible. I give permission for my child to take the above field trip Signature of parent I do not give permission for my child to take the above field trip Signature of parent\_ All Patrick County High School rules and policies (per Handbook- School and Bus) apply to all field trips. Additional rules may apply pending teacher/administration discretion. Academic Performance - to be completed by Academic Teachers All emergency information MUST be provided below. In case of an emergency, parents and administrators will be contacted immediately. EMERGENCY PERMISSION FORM GRADE: STUDENT'S NAME: Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency Please list any allergies to medications, etc... Has student been prescribed an inhaler or Epi-pen? Does student wear contact lenses? Please list date of tetanus shot? EMERGENCY AUTHORIZTION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the teachers, sponsors, and staff of Patrick County High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above. Daytime phone number (where to be reached in an emergency) Evening time phone number (where to be reached in an emergency) Signature of parent or guardian Relationship to student EMERGENCY PERMISSION form may be reproduced to travel with club/organization and is acceptable for emergency treatment if needed. I certify all of the information is correct Parent/Guardian Signature

Senior Class Picnic! The room mothers have a great meal planned and we will have lots of fun playing games, swimming, or just hanging out with friends! Be sure to sign all three places.

give permission for my child, ark during the Class of 2024 Picnic on May 15,	, to swim at Dehart 2024. My child will wear appropriate swimwear.		
rinted Participant's Name:			
wimming Pool Use	Waiver and Release of Liability		
n consideration of my use of swimming facilities, I hereby forever release and covenant not-to-sue the <b>Dehart</b> ParkI, its Trustees, employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of <b>Dehart Park</b> or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in proof use activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future, resulting from ordinary negligence, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.  The am aware that swimming and other pool activities are vigorous and can involve severe cardiovascular stress. I understand that swimming and other pool activities involve certain risks, including but not limited to death. In addition, I understand that participation in swimming pool use involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. All stresses and hazards associated with this activity cannot be foreseen.			
further agree to indemnify and hold harmless the park and others listed for any and all claims arising as a result of my participation in pool activities or any activities incidental thereto, wherever, whenever, or however the same may occur.			
understand that this waiver is intended to be as broad ommonwealth of Virginia, and I agree that if any portion full legal force and effect. I further agree that the venif Virginia.	and inclusive as permitted by the laws of the on is held invalid, the remainder of the waiver will continue ue for any legal proceedings shall be in the Commonwealth		
ge, I will also obtain the signature of my parent or guar igning this form, I am giving up legal rights and/or reme	this agreement solely and freely. If I am under 18 years of rdian. I have read this form and fully understand that by edies which may be available to me for the ordinary above. I understand that this agreement is a binding legal		
or persons under the age of 18, the parent or guardian	who signs below also commits to the participant		
onditions of this agreement.			
ignature of Participant	Date signed		
ignature of Parent/Guardian if participant is under 18	B Date signed		

If you even think you might swim at the picnic, sign and return this form. If we do not have it, you will not be allowed in the pool area.

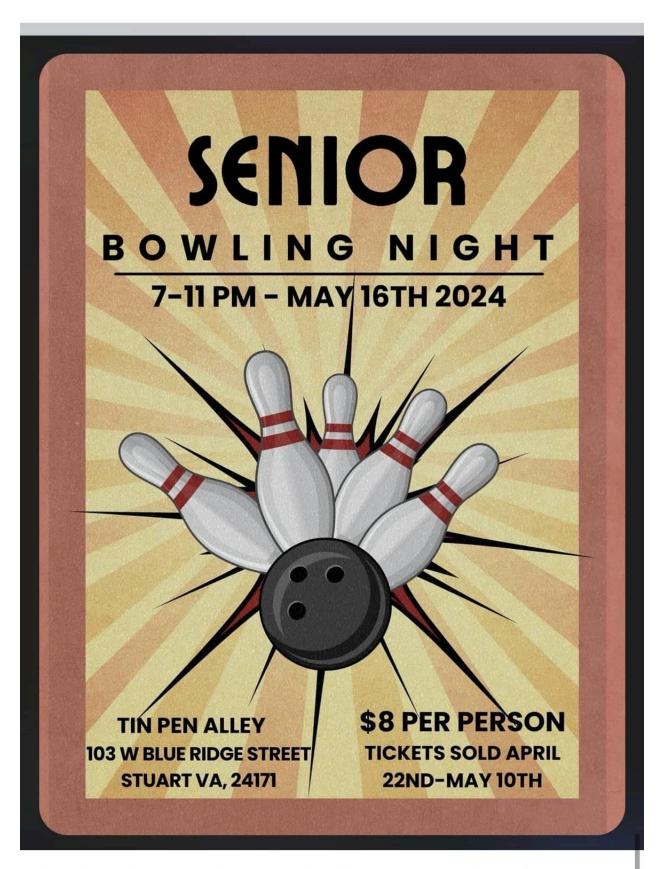


## ORDER YOUR DND TODAY! PCHS GRADUATION CEREMONY

- \$25.00 each (includes shipping)
- Fill out the order form below
- Attach your check/cash to this order form (checks payable to PCHS)
- Give orders (with money) to Mrs. Horne or Mrs. Mullins in the library by
   Friday, May 10, 2024
- Money must be paid by graduation (5/17) in order to receive a DVD
- DVDs will be mailed within 4-8 weeks after graduation
- DVDs will be in a format that is compatible with MOST DVD players, however PCHS does not assume responsibility if the DVD is not compatible with any specific DVD player due to the age of the player

Student Name: Parent/Guardian Name: _	
Address:	
Phone:	
Email Contact:	
# of DVDs	200
\$25.00 each	
Total Due:	

Please read directions carefully and return this form with payment to the library.



Another fun event hosted by the room mothers! Be sure to pay starting April 22nd! This is a senior only event, no guests.



Another memorable event hosted by the room mothers. All are welcome!