2017

**Graduation Ceremony Requirements and Guidelines**

* All families are required to help plan, fundraise, decorate, and set up for graduation
* All families are required to participate in the rehearsal ceremony
* All graduates are responsible for expenses (equal to the total expenses of the graduation and/or reception divided by the total number of graduates)
* Graduates and their parents are required to work together to make purchases for the graduation ceremony
* Caps, gowns, and diplomas need to be paid for before we order them. We order as a group and if you do not pay before the order date you will be responsible for ordering and paying full price for graduation materials
* Payment should be made in full prior to the date of the graduation
* Families of graduates may hold fundraisers to raise money to offset the personal expense of graduation
* Late signing up for the ceremony maybe allowed if the participant is willing to agree to the plans so far made by the committee and pay an additional fee as required
* All graduates and families are required to arrive 45 minutes before the graduation ceremony to avoid disruptions
* We are not responsible for injuries or accidents that may occur during classes, ceremonies, or other functions
* If there is a conflict the graduate or parent is encouraged to do everything possible to work it out with the coordinator. This should be done privately so there can be open communication concerning the conflict

**Please fill up and sign below to agree to these requirements and guidelines:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(full name)* certify that I have read all regulations and guidelines set forth above and I agree to abide by them to the best of my ability. If there is a concern I will contact Pamela S. Clark, Founder/Director of New Heights Educational Group, Inc., to resolve any issues that may arise.

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

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Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date: