



## Montville Township Project Graduation

“Friends for Life”

195 Changebridge Road, Montville, NJ 07045

May 2019

Dear MTHS Senior Families:

“Project Graduation,” hosted by the Montville Township Drug Awareness Council (DAC), was established to prevent the tragedies that occur when celebrations are paired with drugs or alcohol. Over the years, it has grown into an important milestone for our Montville Mustangs—it’s their last night as a class before embarking on new chapters in their lives.

Our committee goes to great lengths to ensure that each year’s celebration is not only memorable, but sustainable for generations of Mustangs to come, relying on volunteer efforts and generous support from our neighbors and senior families. This year, Project Graduation will take place aboard the *Spirit of New Jersey*, with students shuttled from the Montville Township High School starting at **10:00PM** on the night of graduation. While students will have time to go home and change after the ceremony, we ask that they arrive back at the high school between 9pm - 10pm as all students must undergo security screening—provided by the Montville Township Police Department—prior to boarding the busses.

Onboard the *Spirit of New Jersey*, students will enjoy music, dancing, scenic views of the NYC skyline and historic landmarks, and food served buffet style, all while under the supervision of DAC volunteers and professional security staff provided by the cruise line.

Each year, the cost of conducting Project Graduation amounts to roughly \$100 per student. While the program had been previously funded through volunteer efforts and the generous donations of parents and community members, it has become harder to sustain the level of experience, in both security and quality, that our students and their families have come to expect. **Therefore, all students will be asked to pay \$50 to participate in this year’s event.** This provides:

- Admission to the event;
- Transportation to and from the Montville Township High School and the venue;
- Food, soft-drinks, and entertainment;
- Event security and other logistics

Please make your check payable to “**Montville Project Graduation**” return it to us with the attached form no later than **June 14th**. If you have any questions, please do not hesitate to contact the Project Graduation Committee at [mthspjgraduation@gmail.com](mailto:mthspjgraduation@gmail.com).

Due to the importance of Project Graduation to the community, we also request that you plan any private graduation celebrations around this date and encourage your classmates to join us for this special evening, the last opportunity for the Class of 2019 to celebrate their time as Mustangs together before officially becoming “alumni”.

We thank you for your understanding and continued support as we work to ensure a long and successful future of safe and memorable graduation nights for our Mustangs. Congratulations on your upcoming graduation!

Sincerely yours,  
The 2019 Project Graduation Committee  
Lauren Connelly & Dr. Joe Salamone, Co-Chairs

**Montville Township Project Graduation**  
**“Friends for Life”**  
**195 Changebridge Road**  
**Montville, NJ 07045**

**Project Graduation 2019 Permission Slip & Hold Harmless Agreement**

Required form for all students, if under 18 parents must sign.

I understand that my son/daughter \_\_\_\_\_  
(first & last name – please print)

will attend Project Graduation on **Thursday, June 20<sup>th</sup>**. My son/daughter will remain at the event the entire evening, returning to the high school between **3:30 AM and 4:00 AM** on **Friday, June 21<sup>st</sup>**.

In case of an emergency I can be reached at (phone #): \_\_\_\_\_

If I am unavailable please call \_\_\_\_\_ at \_\_\_\_\_  
(name) (phone #)

I am authorizing the release of photographs of my son/daughter to be used for future Project Graduation promotion.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please check one of the following:

( ) My son/daughter **MAY** be administered an alcohol breath test given if he/she appears under the influence of alcohol.

( ) My son/daughter **MAY NOT** be administered an alcohol breath test given if he/she appears under the influence of alcohol.

I understand that a positive result on the breath test or the refusal to take the test if he/she appears in a questionable condition will result in my son/daughter’s expulsion from Project Graduation. I am aware that I will be contacted to pick him/her up should this be the case.

I have read the enclosed form and agree to abide by the policies set within. I sign this Hold-Harmless as my voluntary act and by this act agree to hold the Township of Montville harmless and indemnify the Township of Montville from any claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of the Township or any guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further Project Graduation on June 21, 2018.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduating Senior’s signature \_\_\_\_\_ Date: \_\_\_\_\_



**2019 PROJECT GRADUATION SENIOR PARENT PARTICIPATION FORM**

Student(s) Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

My graduate expects to attend Project Graduation on June 20, 2019: Yes\_\_\_\_\_

No\_\_\_\_\_

\$50 Fee to attend Project Graduation: \$\_\_\_\_\_

ADDITIONAL Donation Amount: \$\_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \$\_\_\_\_\_

**The Project Graduation Committee appreciates your support!**

**Please return with your check  
made out to:**

**Montville Project Graduation  
c/o Montville Drug Awareness Council (DAC)  
195 Changebridge Road  
Montville, NJ 07045**