

Dear Graduating Senior,

In order to meet the needs of as many students as possible, we are asking you and a parent/guardian to take a few moments and advise us concerning your needs for the upcoming graduation ceremony. Each student will be eligible to receive at least four (4) auditorium tickets. Please mark ALL boxes below and return this sheet to Ms. Williams or Mr. Jensen.

1. I will need all four auditorium tickets:      Yes ☐      No ☐

If answered "no" for #1, I will only need \_\_\_\_\_ tickets.

2. I would like to be considered for additional tickets:      Yes ☐      No ☐

If answered "yes" for #2, I would like \_\_\_\_\_ additional tickets.

3. I will need seating for a wheelchair bound relative:      Yes ☐      No ☐

4. I will not be participating in the graduation ceremony: ☐

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature