**Form and Payment are due on Monday, May 22, 2017.**

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| Student Name: | Date of Birth: | Telephone Number: | Grade: **6th & 7th** HR Teacher: |
| I authorize for my child to participate in the 6th and 7th grade dance on May 25 from 6:30 -8:30 PM. Students will need to be picked up by 3:45 PM and return for the dance at 6:30 PM. Doors open at 6:15 PM. Both the administration and teachers will be present as chaperones.  |
| Date/Time: **Thursday, May 25, 2017; 6:30 – 8:30 PM** |
| Cost (Student): **$10 (Includes: Food, Snacks, Juice/Water, and an evening of fun!)** |
| Money Order Number **OR** Online Credit Card Confirmation:*Write student’s name, grade & DANCE on the check/money order.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Checks are no longer accepted after May 1, payment must in form of a money order, cashier’s check, or online)** |
| Form/ Payment due by:Monday, May 22, 2017 | Submit to:Science Teacher  |

*\*Eligibility to participate in field trips/extracurricular activities is contingent upon a student’s balance in all school accounts as well as meeting behavior requirements which include no suspensions within this quarter. The 6-7th grade dance is a non-refundable event.*

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| **Emergency Contact** |
| Name: | Relationship:  | Telephone Number:  |
| Name: | Relationship: | Telephone Number: |
| **Health/Accident Insurance** |
| Insurance Company: | Policy Number: |
| Please check one:\_\_\_ My child is covered by twenty-four (24) hour student accident insurance or family insurance.\_\_\_ I do not have insurance, however I will pay any and all medical bills for emergency care of my child. |
| Signature of Parent/Guardian:  | Date: |