**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: |