

Lakeland Montessori Middle School Winter Dance Permission Form

Date:	Friday, December 11th, 2015
Time:	6:30 pm to 9:30 pm Please pick up your child promptly at 9:30 pm.
Location:	Lake Mirror Tower 130 S. Massachusetts Ave. Lakeland, FL 33801
Cost:	\$15.00 per student/guest
	DJ/Music & Lights—Food & Drinks—Decorations
Dress Guidelines:	Boys: Nice pants (jeans without holes and tears are ok), and a collared shirt (no t-shirts). Girls: Nice dresses with straps, skirts must fall below fingertips when arms hang at sides. Pants (jeans without holes and tears are ok) and blouses that fall at or below the hip.

Print Student's Full Name: _____

_____ LMMS Student

_____ Guest of LMMS Student (middle school students ONLY): Name of LMMS Student _____

I, the undersigned parent/guardian, give permission for the above named middle school student, to attend the Lakeland Montessori Middle School Dance at Lake Mirror Tower on:

Friday, December 11th, 2015

6:30 p.m. to 9:30 p.m.

I understand and agree that my child must obey all Lakeland Montessori Middle School (LMMS) rules, policies and directions while attending the LMMS school-sponsored dance at Lake Mirror Tower. If my child violates any rule, policy or direction, I understand that my child will be removed from the dance and will need to be picked up immediately by a parent or other responsible adult. Furthermore, if the student is an invited guest of a LMMS student and is asked to leave, the LMMS student who invited this student will also be required to leave the dance. Guests who are removed from the dance will be banned from further activities at LMMS.

Student Signature: _____

Parent/Guardian Signature: _____

Relationship to Student: _____

Contact Phone Numbers: _____

PARENTS: Students can be dropped off at the main entrance on Massachusetts Ave. There will be cones set up and chaperons to assist students getting out of cars. You may also park and walk your child in.

EMERGENCY RELEASE & CONTACT INFORMATION: In case of emergency, I give permission for my child to receive medical treatment and please contact the following people:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Confidential Information: Please indicate any Medical Conditions/Allergies/Behavioral Concerns or other relevant information for LMMS Staff/Volunteers who will be supervising the dance.
