

Lakeland Montessori Middle School  
LMMS Dance Permission Form

|                   |   |
|-------------------|---|
| Date:             | <b>Friday, December 9, 2016</b>   |
| Time:             | 6:30 pm to 9:30 pm<br><b>Please pick up your child promptly at 9:30 pm.</b>   |
| Location:         | <b>THE WALLER CENTER</b><br>1065 S. Florida Ave.<br>Lakeland, FL 33803  |
| Cost:             | \$20.00 per student/guest   |
| Dress Guidelines: | <b>Boys Dress Code:</b><br>Nice pants (jeans without holes and tears are ok), and a collared shirt (no t-shirts).<br><b>Girls Dress Code:</b><br>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. |
|                   | <b>**DJ/Music &amp; Lights—Snacks &amp; Drinks—Decorations/Party Favors**</b>   |
| Theme:            | <b>Winter Dance 2016</b>  |

**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 The Waller Center on:**

Friday, December 9, 2016  
6:30 pm to 9:30 pm

**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 The Waller Center. 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: \_\_\_\_\_

**EMERGENCY RELEASE & CONTACT INFORMATION**

In case of an 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.

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