



San Martin/Gwinn Parent Consent Form
Middle School Halloween Costume Party @ SMG
Friday, November 1, 2024 6pm - 8pm



This permission slip and payment is due to the office by Wednesday October 30th, 2024 by 3pm.

Ticket Sales:

- **\$15 or 20 Panther Paws per person (Price includes dance entry, dinner, dessert, drinks)**
- **NO REFUNDS/ NO TICKETS SOLD AT THE DOOR**

Requirements:

Students who have demonstrated **Successful use of their PAWS** in class and around campus will be allowed to attend the dance. Students must also:

1. Have 3 or fewer tardies between class periods starting after October 12th.
2. Have no suspensions.
3. Have teacher, administrator, and student supervisor approval for positive behavior.

The teachers, student supervisors, and administration will make the final decision as to persons who will be allowed to attend the dance.

While at the Dance:

1. School dress code policy and Halloween Costumes policy will be enforced.
2. The administration makes the final decision in determining if either dress or dance behavior warrants immediate removal from the dance.
3. All students **MUST** be in 6-8 grade and attend San Martin/Gwinn. No guests are allowed.
4. Students must arrive at the dance no later than 6:15pm to be granted entry.
5. No in/out privileges. Students needing to leave for emergency reasons prior to 8:00 pm must be checked out at the door by a parent/guardian. No outside food or drinks.
6. Students must be picked up within 10 minutes after the end of the dance.
7. Cell phones will only be allowed to call parents for pick up. Cell phones should be put away during the dance.

Principal Signature: _____ **Date:** _____

Permission Statement:

I/We hereby give permission for _____ to attend SMG Halloween Costume Party on Friday, November 1, 2024 from 6pm -8pm.

Parent Signature _____ Date _____

Student ID: _____ Grade: _____ Homeroom Teacher _____

Student Signature _____

In case of an accident or other emergency, I authorize the school authorities to call or take my child to a licensed physician or first aid station for medical treatment as deemed necessary.

_____ Phone

_____ Alternate Contact Name

FOR HSC USE ONLY: PAID Cash _____ Credit Card _____ Check _____ Check # _____ HSC Member: _____

Special Notes: