



Back to School Fall Dance

When: Thursday, September 29, 2016

Where: Chamblee Middle School

Time: 4:15 P.M. – 6:15 P.M.

Cost: \$5.00

Please return the signed form below in order for your child to purchase a ticket

I _____, give my child, _____ permission to
(Parent's Signature) (Print student's First and Last Name)

attend the Back to School Fall Dance at Chamblee Middle School. I do understand that I need to pick my child up in front of the school promptly at 6:15 P.M.

_____ will be picking up my child.
(Please print—relation to student)

Contact's name _____

Contact's cell phone# _____

By my signature, I understand that my child needs to be promptly picked up, and I am responsible for notifying Mr. Johnson or Mrs. Cromer-Nunn in advance if transportation arrangements change. I also understand that my child cannot attend the dance if he/she receives *In school* or *Out of school* suspension from September 15, 2016 through September 29, 2016. NO REFUNDS will be issued.

Concessions will be sold during the dance