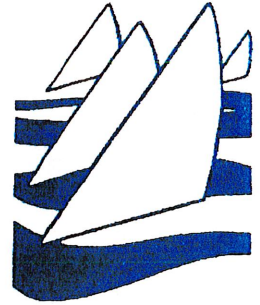


Lakeside Middle School

"NATIONALLY RECOGNIZED EXEMPLARY SCHOOL"

3 Lemongrass • Irvine, California 92604 • Phone (949) 936-6100 • FAX (949) 936-6109



Dear Parents:

On Friday, May 31, 2019 the Lakeside Middle School student body will be sponsoring its annual 8th Grade Dance. This themed dance, known as "Midnight in Paris" is for Lakeside 8th graders ONLY. **There is NO CHARGE for this dance, though permission slips and TICKETS ARE REQUIRED.** Please fill out the following permission slip and have your child bring it to room 312 in order to be issued a ticket. Even those students who purchased an annual dance pass, MUST HAVE A SIGNED PERMISSION SLIP and a Ticket.

LOCATION: **Quail Hill Community Center** 39 Shady Canyon Dr, Irvine, CA 92603

TIME: The dance will take place from 6:00-8:00 PM. Parents or guardians are expected to pick up students within fifteen (15) minutes (8:15 PM) after the end of the dance. Once inside the dance area, no one will be allowed to leave and re-enter. Students must arrive by 7PM.

PRICE: NO CHARGE

BEHAVIOR EXPECTATIONS:

1. Students must bring their Lakeside ID's and present them at the door of the dance.
2. Once students arrive at the dance, they must remain until the end of the dance,
3. unless they are picked up personally by a parent.
4. **Students who are absent the day of the dance will not be allowed to attend.**
5. Students who are on Ms. Carter's Exclusion List will not be allowed to attend.
6. Light refreshments will be provided, at no charge. All food/drinks must remain in designated areas.
7. Lakeside's **STUDENT BEHAVIOR** expectations are still in effect; this includes **NO GUM.**
8. **SEMI-FORMAL ATTIRE IS SUGGESTED, LAKESIDE'S DRESS CODE WILL BE STRICTLY ENFORCED—THIS MEANS NO STRAPLESS, SHORT, LOWCUT OR BACKLESS DRESSES (EVEN WITH A SWEATER). SKIRTS MUST BE APPROPRIATE LENGTH.**
9. Inappropriate behavior at the dance (before, during, or after) could result in the loss of any or all remaining end-of-the-year privileges.



Permission Slip:

A parent or guardian must sign the attached permission slip and students return the signed permission slip to Ms. Mack by May 24th to receive a ticket. If your child is currently on Ms. Carter's exclusion List, her authorization will be required prior to the day of the dance. If you have any questions, please contact Ms. Mack at BridgetMack@iusd.org

Sincerely,

Bridget Mack
ASB Advisor



Lakeside Middle School's


8th Grade Dance

Quail Hill Community Center 39 Shady Canyon Dr, Irvine, CA 92603

6:00pm-8:00pm

~Permission Slips, Ticket & IDs Required~



IRVINE UNIFIED SCHOOL DISTRICT 
EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION — MINOR
(Education Code Section 35330)

Name of School Lakeside Middle School

I hereby give my permission for my child, _____, to participate in the **8th Grade Dance @ Quail Hill Community Center** field trip as a part of his/her regular school program. This trip is to be held from **May 31st @ 6:00pm** 20 **19** through **May 31st @8:00pm** 20 **19**.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parents' expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents, and servants (herein collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Advisor: _____

→ Bring this Permission Slip AND Your ID card to room 312 by May 24th for a ticket ←

Signature of Parent or Guardian

Signature of Student

Address

Date

Phone Number

Health Insurance Company

Policy Number

In the event of illness or accident and if different from above, please contact:

Name Address Phone

SPECIAL NOTE TO PARENTS/GUARDIANS:

(1) All drugs must be registered on this form; (2) all drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) check here if there are NO special problems that the staff should be aware of and NO drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them here:

Name of drug and reason: _____

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.

