

# "A Night to Shine" on the Hollywood Red Carpet

## 5th/6th Grade Middle School Dance

Please complete all sections and return this form with payment.

Your child will not be permitted into the dance without a complete permission slip- Due April 27

- ☀ **Event Date:** Friday, May 8, 2026
- ☀ **Location:** Walter T. Bergen Middle School
- ☀ **Grades:** 5th/6th Grades      **Time:** 6:00-7:30 pm
- ☀ **Cost:** \$5 Per Student

I, \_\_\_\_\_ (parent's/guardian's name),  
permit, \_\_\_\_\_ (full name of student) to participate in the Spring dance at  
**Walter T. Bergen School.**

By signing below, I acknowledge and agree with the following:

1. **Student Conduct**
  - My student will follow all school rules and policies during the event. If my student experiences any behavior issues, I will be required to pick them up promptly.
  - My student will treat peers and chaperones with respect.
2. **Dress Code**
  - My student will wear appropriate dance attire. Clothing must not have holes, display negative messages, or expose undergarments or private areas.
3. **Event Details**
  - The dance will be supervised by Parent Chaperones. Once a student enters the dance, they may not leave without parental permission.
  - No Cell Phones are permitted to be out during the event.
4. **Pick-Up Responsibility**
  - I am responsible for ensuring that I or the designated contact listed below picks up my student on time at the end of the event.

### Parent/Guardian Signature

- **Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_

### Emergency Contact

- **Name/Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_
- **Allergies:** \_\_\_\_\_

### Pick-Up Information

- Will you pick up your child?  Yes  No      If No, please provide name and phone of person picking up:
  - **Name:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_

### Photo Release & Chaperones Needed

- May we post pictures of your child on social media?       Yes       No
- Are you a PTA member and would you like to chaperone?       Yes       No