

GUEST PERMISSION SLIP



EVENT: High School Pajama Dance

DATE & TIME: Friday, October 25, 2013 from 7:00 to 10:00 PM

VENUE: FRCS Cafeteria

I give my son/daughter, _____ permission to attend the above-entitled event with students from the Foxborough Regional Charter School. I understand that disorderly or dangerous behavior will not be tolerated and will result in the expulsion of the event. I understand that I will be responsible for transporting my son or daughter from the above event if an expulsion due to behavior occurs.

I will not hold the Foxborough Regional Charter School or its staff liable for any injury that may occur at this event.

Parent/ Guardian Name (please print)

Home Telephone Number

Cellular Telephone Number

Name of FRCS student who has invited your child to this event.

I have thoroughly read this document and agree to its terms and conditions.

Parent/ Guardian Signature
(of guest student)

Date

FRCS Parent/Guardian Signature

Date