



**ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR SPRING FLING SOCIAL
Osceola Elementary School**



Payment is to be turned in with this form **no later than 9:00AM** on **March 8th, 2018.** (**No exceptions**)

I/We, the parents/guardians of _____
(Student Name)

understand the nature of the Spring Fling Social on March 9th from 3:00pm-4:30pm. I/We understand that my child must be present at school on the day of the event in order to be admitted to the social. I/We understand that we will need to be at school on or before 4:30pm on March 9th to take our child home. I/We understand that we may be called to pick up our child early due to inappropriate behavior of any kind.

Total cost for student is **\$5.00**

Student's Homeroom Teacher

Grade Level

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Name of person picking up student if NOT the parent _____

**ST. JOHNS COUNTY SCHOOL DISTRICT
PARENT PERMISSION FORM FOR SPRING FLING SOCIAL
Osceola Elementary School**



Payment is to be turned in with this form **no later than 9:00AM** on **March 8th, 2018.** (**No exceptions**)



I/We, the parents/guardians of _____
(Student Name)

understand the nature of the Spring Fling Social on March 9th from 3:00pm-4:30pm. I/We understand that my child must be present at school on the day of the event in order to be admitted to the social. I/We understand that we will need to be at school on or before 4:30pm on March 9th to take our child home. I/We understand that we may be called to pick up our child early due to inappropriate behavior of any kind.

Total cost for student is **\$5.00**

Student's Homeroom Teacher

Grade Level

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Name of person picking up student if NOT the parent _____