



Saint Wendelin School

A Pennsylvania Charitable Trust
211 Saint Wendelin Road, Butler PA 16002
Office 724.285.4986 Fax 724.287.6253
Email: stwend@zoominternet.net

Dear Parents:

1. No student will be permitted to leave the dance early unless picked up by a parent/guardian at the entrance table.
2. The purpose of this dance is to have all fifth through eighth graders attend and share memories of the Middle School years.
3. Proper behavior during dances is enforced. Students exhibiting inappropriate behavior may be sent home from the dance and may be prohibited from attending future dances. All students attending the dance sponsored by St. Wendelin School acknowledge that it is a school sponsored event and all school rules and policies apply.
4. The dance hours are 6:30-9:00 PM.
5. Parent/Guardian or responsible adult must sign their student in and out of the school dance. Students will not be able to leave St. Wendelin Pavilion and Hall area unsupervised.
6. All students must wear a face covering throughout the event.
7. **The activity being held at the Saint Wendelin Church and Pavilion property is attended at your own risk. Saint Wendelin School, Saint Wendelin Church, and/or the staff of these establishments will not be held responsible for any injuries.**

Sincerely,
Mrs. Clouse
St. Wendelin School Principal

5-8TH Grade Dance Permission Form

An individual permission form is required for each child in order to attend the dance.

No student will be allowed to participate without written permission.

1. Date of Dance: Friday, June 4, 2021
2. Location: Saint Wendelin Church Pavilion
3. Starting at: 6:30 PM Ending at: 9:00 PM

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I give my permission for my child to participate in the Saint Wendelin School 5-8<sup>th</sup> Grade End of the Year Dance being held on Friday, June 4, 2021 at the St. Wendelin Church Pavilion from 6:30-9:00 PM.

***I have read the rules as outlined by the school and agree to abide by them.***

***Parent/Guardian Name and Phone Number*** \_\_\_\_\_

***Emergency Name and Phone Number*** \_\_\_\_\_

***Student Name:*** \_\_\_\_\_ ***student's grade (20-21 school year)*** \_\_\_\_\_

***School student attends (20-21 school year)*** \_\_\_\_\_

***Does your child have any allergies or medical conditions to be aware of: Yes or No***

***If yes, please describe:*** \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Signature of Parent / Guardian*