LAWRENCE

PUBLIC SCHOOLS

195 Broadway

P.O. Box 477

Lawrence, New York 11559-0477

http://www.lawrence.org

**Ann Pedersen, Ed.D.**

 *Superintendent of Schools*

**Willis A. Perry**

 *Principal*

**Kristen Mcloughlin**

 *Assistant Principal*

**Kathleen Dodd**

 *Assistant Principal*

**Brett Kornblum**

 *Assistant Principal*

 6/17/19

Dear Parent/Guardians,

On Thursday, 6/20/19, the Middle School has scheduled a trip to Lawrence High School to practice and prepare for the graduation ceremony. Busses have been scheduled to leave after lunch at 12:10. Graduation practice will run from 12:30-2:00 p.m. at the High School, and students will return to the Middle School in time for dismissal.

Location: Lawrence High School

Date: Thursday, 6/20/19

Time: Period 6-8

I hereby give my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend graduation practice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Name of Parent/Guardian Signature of Parent/Guardian Date

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On Monday, 6/24/19 in an attempt to ease transportation concerns between 8th grade Graduation and the 8th grade Dance, the Middle School will be providing a one-way shuttle bus from Lawrence High School to the dance.

I hereby give my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend graduation practice

Location: Lawrence High School to Sun & Surf Beach Club

(2189 Atlantic Blvd. Atlantic Beach, NY 11509)

Date: Monday, 6/24/19

Time: 1:30 p.m. Shuttle bus leaves

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Name of Parent/Guardian Signature of Parent/Guardian Date

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If you have any questions, please call the Main Office at (516) 295-7021.

Sincerely,

Lawrence Middle School

Administrative Team

***Please sign and return the permission slip and media release form no later than Wednesday, 6/19/19. Late permission slips will not be accepted.***

The chaperones should be aware of the following medical conditions or food allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Name of Parent/Guardian Signature of Parent/Guardian

Best contact phone number(s) of parent/guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release Form**

I give my permission to have pictures and videos taken of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The pictures and/or videos may be used to showcase the events of the day. I understand that these pictures and/or videos are privileged communications to the intended recipients only. Any use, dissemination or distribution of the content by anyone other than the intended recipient is strictly prohibited.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Parent/Guardian Signature of Parent/Guardian