

**Spring Formal: THE PARTY 2019**  
**Important Information and Guidelines**

Come join Intellectual Virtues Academy, Long Beach Public High School at their first annual FUN and MEMORABLE Dance **Friday, May 10th, 2019 from 7:00 p.m. to 9:00 p.m. located at STUDIO VOR, Signal Hill.** School Administrators, Teachers, Parent/Guardian Chaperones from THE ACADEMY will be provided for this event. Parents/Guardians must drop off and pick up students.

This event is for all 9th, 10th, and 11th grade students at Intellectual Virtues Academy, Long Beach Public High School. Academy students have the option to bring one guest who does not attend the Academy. This guest must be between the ages of 14-18, must be in good standing with their home school, and turn in their **guest permission slip and \$55 by April 29, 2019.** This dance will give the students a chance to meet each other outside an academic setting, and to have a lot of fun in a SAFE environment.

**There is a ZERO TOLERANCE for inappropriate behavior.** Students are expected to act in a respectful manner, listen to the adult chaperones and follow the rules. Students who do not act appropriately will have to be picked up by their parent/guardian immediately. Their consequence will potentially be suspension from school, banishment from future events or referral to law enforcement.

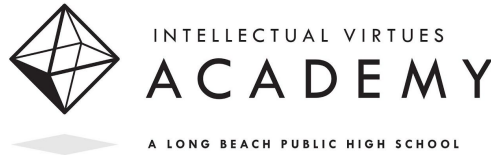
Cost is **\$45 per Academy Student, \$55 per Guest.** This includes admission, picture, dinner, dessert and beverages.

**Parents/Guardians: Please see the Facebook Event or Academy newsletter for our Sign Up Genius. We are requesting donations for dessert items, and soft drinks.**

**PLEASE READ AND SIGN ALL ATTACHED PAPERWORK**

Thank you for your help in making this a safe and fun event for our students.

***Get this permission slip in ASAP! This is an event you don't want to miss!***



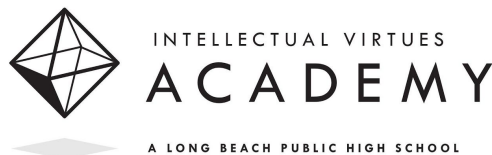
## **THE PARTY- 2019** **Terms & Conditions**

Dear Parents and Guardians:

There are specific safety rules and information that Intellectual Virtues Academy, Long Beach Public High School would like you to review.

- All school rules apply. See student handbook located at [www.academylongbeach.org](http://www.academylongbeach.org).
- Students who have turned in their permission slips and have paid for their tickets are the **ONLY** students allowed in the dance. Students will **NOT** be allowed to turn in permission slips or money at the door.
- Students must arrive between 7:00 - 7:15 p.m. If a student needs to arrive later, please inform the school's contact person.
- Absolutely no drugs, vape, tobacco, or alcohol are allowed. Law enforcement may also be notified if there is suspicion or evidence of use.
- Students must be in good standing with their school. Directors reserve the right to restrict privileges to any student.
- Students must be picked up by a parent or guardian at **10:00 p.m.** No student will be released without a parent or guardian present. If a child needs to be picked up sooner, please inform school.
- Students are not allowed to take any kind of public transportation unless they are accompanied by a parent or guardian, or if parents inform the school in advance.
- There will be **NO** in and out privileges during the dance.
- Students are encouraged to wear semi-formal/formal clothing.
- **NO BACKPACKS, SPEAKERS, etc. ALLOWED IN THE DANCE.**
- There is zero tolerance for inappropriate behavior. Students are expected to act in a respectful manner and follow the rules. Students who do not act appropriately will have to be immediately picked up by their parent/guardian. Their consequence will potentially be suspension from school and banishment from future events. If a student is a guest, their parent and school will also be notified.
- We recommend that parents and guardians connect with other families to carpool children to and from the dance.
- Please contact [info@academylongbeach.org](mailto:info@academylongbeach.org) to ask how you can help.

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**THE PARTY - 2019**  
**ACADEMY Student Permission and Waiver**

*The permission slip attached is for ACADEMY students wishing to attend our event.*

Tickets are **\$45 for Academy students, guest tickets are \$55.** The permission slip form below, as well as the Intellectual Virtues Academy, Long Beach Public High School Permission and Waiver form need to be turned in no later than **April 29, 2019** to Summer Sanders, Director of Student Services.

Grade \_\_\_\_\_

\_\_\_\_\_  
Student Name (please print)

**Date of dance:** Friday, May 10th, 2019. Parents may drop off students between 7:00 p.m- 7:15 p.m. Dance begins at 7:00 p.m. and ends at 10:00 p.m. Parent/Guardian or authorized drivers are required to pick students up by 10:00 p.m.

**Description:** THE PARTY 2019. Dress to impress.

**Items students should bring (if any):** Students CAN bring a guest. Students should NOT bring backpacks, speakers.

**Transportation:** Families provide their own transportation to and from the dance. Students **MUST** be picked up at STUDIO VOR by **10:00 p.m.** Students are **NOT** allowed to take public transit or walk after the dance, unless accompanied by an adult or with permission in advance. Families are encouraged to carpool.

If you are not dropping off or picking up your child, please fill out the approved driver section below.

**Name of approved driver(s):** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Initial here** \_\_\_\_\_ to acknowledge providing authorization to treat your child, in case of medical emergency included in the initial registration paperwork.

**Initial here** \_\_\_\_\_ to acknowledge parent and child have read and understand the terms and conditions.

I acknowledge that I have carefully read this document and understand the information therein. I permit my child to participate in the described event above and agree to each of the terms and conditions on previous page (page 2).

\_\_\_\_\_  
The ACADEMY Parent/Guardian Name (please print) Date

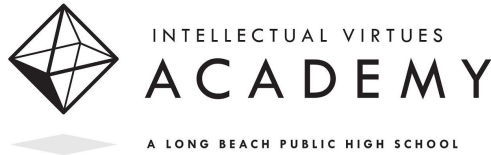
\_\_\_\_\_  
The ACADEMY Parent/Guardian Signature

# \_\_\_\_\_ # \_\_\_\_\_  
The ACADEMY Parent/Guardian phone number(s) in case of emergency

*Please check below.*

\_\_\_\_\_ I have included \$45 for entrance to the dance.

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## **GUEST Permission and Waiver (OPTIONAL)**

**\*\*Copy of Guest School ID required\*\***

First and Last Name of Guest (please print): \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Academy Student Name: \_\_\_\_\_

Guest High School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Phone number \_\_\_\_\_

**WAIVER OF CLAIM:** I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District, the school or the State of California for injury, illness or death occurring during or by any reason of the field trip or excursion. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the State of California, LACOE, (and its officers, employees, agents including Charter Schools) including, but not limited to, claims arising out of any negligence or any officers or employees of the District, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

1. I understand that all students going on the trip be responsible in conduct to the teacher(s), staff, chaperones and adult sponsors at all times.
2. I understand that all field trips begin and end at the School and that all students are required to go and return from this event with a designated adult.

**AUTHORIZATION TO TREAT A MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

### **GUEST PARENT/GUARDIAN SECTION: MUST BE COMPLETED BY 4/29/2019 !!**

**Print Name (s) of Parent/Guardian:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

**Physician/Health Insurance Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

### **Student's Critical Medical Needs/Allergies/Dietary Restrictions:**

I understand that I assume responsibility for my child. If my child, or their guest do not follow school rules, I will need to pick them up immediately. If a parent does not respond in a timely manner, police may be called. My child is in good academic standing with their school and between the ages of 14-18.

I acknowledge that I have carefully read this document and understand the information therein. I permit my child to participate in the described event and agree to each of the terms and conditions above and on previous page (page 2).

Parent/Guardian of Guest \_\_\_\_\_ Parent Signature \_\_\_\_\_  
(Please print name of **Guest's parent**) (Guest's parent signature)

Signature of Guest \_\_\_\_\_ I am between the ages of 14-18  
I agree to all terms and conditions and understand expectations.

*Please check below.*

\_\_\_\_\_ I have included **\$55** for entrance to the dance AND a copy of my **student I.D.**

***Get this permission slip in ASAP! This is an event you don't want to miss!***