



Sentinel Soiree Semi-Formal Permission Form

Roma Restaurant Function Room | 29 Middlesex Street, Haverhill, MA 01835

Friday February 17th | 7pm-11pm

Tickets = \$15. each Checks payable to: **BCA**

DEADLINE FOR TICKETS is WEDNESDAY FEB 15th



Ticket Supplied Upon Submission and Payment to Main Office

Student Council is hosting a Semi-Formal Homecoming Dance for BCA high school students and their approved guests.

GUESTS: Guest permission form is on the reverse side of this form. BCA must receive acknowledgement/permission from BCA parent that their student is bringing a guest AND acknowledgement from the guests school that guest is a student in good standing at their own school. Completed forms must be submitted by the 2/15 deadline (with no exceptions).

CHAPERONES: The dance will be chaperoned by five (5) BCA Faculty:
Ms. Kerry Cashman, Ms. Cheryl Thurston, Mr. Alek Duba, Ms. Jessie Robie and Ms. Jessica Chaya.

ATTIRE: Semi-formal dress is suggested and defined in the BCA Handbook as follows:

Attire for Semi-Formal Occasions

BCA requires semi-formal dress on special occasions, such as the Christmas Concert, Spring Concert or the high school dances. Semi-formal dress for young men includes a dress shirt, belt, tie, dress slacks (no jeans or shorts), dress shoes (no sneakers) and socks. Young men can also wear suits, suit jackets, and vests. For young women, semi-formal dress includes a skirt (or dress pants) and blouse, dress or suit, and dress shoes. Dresses must be regulation length and may not expose lower backs or have low necklines. Students may be sent home from semi-formal events to change into appropriate clothing or asked to wear a sweater or leggings to cover up should they not follow guidelines.

Medical & Emergency Care Information

Student Name _____ Date of Birth _____ Grade _____
Address _____
Parent / Guardian Name _____
Parent / Guardian can be reached on the day of the field trip at the following phone number(s):
1) _____ 2) _____

Medical Information

Check all that apply:
 None
 Allergic to: _____
 Significant medical conditions and treatment: _____
 Needs to receive the following medication while on the trip: _____
Name of medication and Dose: _____ Time to be given: _____
If taking medication on the field trip you must check one below:
 Parent / guardian will deliver medication from home supply to the school
 Teacher should obtain this medication from my child's supply kept by the school



I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being while on the field trip.

My child has permission to attend the Homecoming Semi-Formal Dance, February 17th at Roma Restaurant and I have completed the emergency information requested above (*for your child's safety, all information requested above must be provided in order for your child to attend*).

FOR OFFICE USE ONLY:
Pd _____
Check # _____
of Tickets _____

Parent/Guardian Signature and Date



BCA EVENT GUEST PERMISSION FORM

TO BE COMPLETED BY BCA STUDENT/PARENT:

BCA Student Name: _____

BCA Student Emergency Contact phone number: _____

Student Grade: _____ Are you willing to be responsible for your guest? _____

How do you know your guest? _____

How long have you known your guest? _____

BCA Parent Signature: _____

TO BE COMPLETED BY GUEST:

Guest's Name: _____ Guest's Grade: _____

Guest Emergency Contact phone number: _____

Name of School he/she attends: _____

APPROVAL FROM GUEST SCHOOL: PRINCIPAL, ASST. PRINCIPAL, HEAD OF SCHOOL, DEAN OF ACADEMICS, OR GUIDANCE COUNSELOR:

I attest that the student referenced above is in good standing at our school.

Administrators Name: _____

Title: _____

Signature: _____