



Spring Valley School

P.O. Box 9 46655 Road 200
O'Neals, CA 93645
(559) 868-3343 FAX (559) 868-3407



DANCE PERMISSION SLIP FOR SPRING VALLEY STUDENT TO ATTEND ELEMENTARY SCHOOL DANCE

Visitor's Name _____ Grade _____

Visitor's School _____

Dance Date _____ Dance Time _____

My student has permission to attend the dance.

I understand that my student must be picked up immediately when the dance is over.

Spring Valley Student's Parents Signature _____

STUDENT MUST BE ELIGIBLE IN GRADES AND BEHAVIOR

_____ (visitor) is eligible in both grades and behavior.

Homeroom Teacher's Signature Date

Principal's Signature Date