



## Charter School of Educational Excellence PTO Presents...

### MOVIE NIGHT AT CSEE Grade 2<sup>nd</sup>-4<sup>th</sup>

Please join us for movie night on **Friday, January 20, 2017 from 4:00 PM– 6:00 PM** in the MPR. We will be showcasing: **The Secret Life of Pets**. Admission is a **\$5.00**, which will cover a beverage, popcorn and french fries.

All students are to be **picked up no later than 6:00 PM** by an authorized person listed on his/her pick-up contact form. School bus transportation is not available for this after school event.

Please complete and submit the bottom portion of this letter with \$5.00 admission in a sealed envelope by **Thursday, January 19, 2017**.

Thank you,

**PTO**

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Yes, my child will be participating in Movie Night taking place at CSEE on Friday, January 20, 2017 from 4:00 PM-6:00 PM. I am submitting this permission slip, along with \$5.00 to cover admission. An authorized person will pick up my child promptly at 6:00 PM.

**Student Name:** (Print) \_\_\_\_\_ **Class:** \_\_\_\_\_

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

**Parent/Guardian Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In the event a parent/guardian cannot be reached in the case of an emergency please contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

If your child requires medical attention and we cannot contact a parent and/or emergency contact person:

- I give permission for my child to get immediate medical treatment.
- I do not give permission for my child to get immediate medical treatment.

**Students' Pediatrician's/Doctor's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please describe any medical conditions or allergies your child may have that the school should be aware of (including allergies to specific foods).

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