SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS ACTIVITY

	MIHS				
	School Name			Date	
Student's Name (please	print)		Grade / C	lass	
Activity / Event:	Prom				
	List activity (ies) in d	etail or attach an outline	that details all activitie	es occurring during the trip.	
On April 13, 2024			Mrs. Chmielewski		
Date(s) of Event			Teacher(s)/Sponsor in Charge		
RANSPORTATIO	ON BEING PROVIDED (c	heck all that apply)		
- Walking	- School Bus	- Commercial (Carrier (bus)	- Privately Owned Vehicle	
- Leased Vehicle	- County Vehicle	None	- Öthë	(Describe)	
RIVERS OF PRI	VATE OR LEASED VEHI	CLES (check all th	iat apply)	(Describe)	
- Listed Volunteer	- Registered Volum	teer = Teacher or	Staff Member	- Ōther	
8.76581 ASB1 & ATTENTS / 81				- Other(Describe)	
	TY (Check all that apply)	2.2.2 · ·-			
- Field Trip To	Radisson Pavilion -Dai	nce (Describe a	ctivity) - O	n Campus Activity	
arents should dire	ct auestions concerning the	e activity to the Scl	nool Office or the	following school personnel:	
		Telephone:		•	
	cher – Sponsor in Charge		(Sch	hool Number) (Mobile Phone)	
	PARENTAL AUTHO	VE TO BE COMPLET			
. I understand that				nd that it exposes my child to some risk(s).	
	does not provide transporta			nt are responsible for transportation to and from the	
. The parent or gu	ardian and student understa			s, agents or employees are not responsible for the school is providing transportation.	
. The parent or gu activity and will	ardian, and student will ass	ume the liability du	ring the entire cou	urse of the student's participation in the offcampus for any injury or accident or property loss involving	
				es) may be withdrawn by written notification to the	
	change in the student's sche my child will be involved in			ignee. fore, neither the School Board of Brevard County	
or its employees	and volunteers, will have an	ıy responsibility for	the condition or us	se of any nonschool property.	
	edical emergency, I/We aut at for my child at my expens		r chaperone in cha	arge of the Off-Campus activity to seek emergency	
vater may arise from ctivities when super ir injury; and hereby	n foreseeable or unforeseea vised by a sponsor(s) and tha	ble causes. Your s it you will indemnif ers and all responsib	signature signifies y/hold the School I	other water based activities. Risks and dangers in permission for your child to participate in these Board of Brevard County harmless for any accidency, loss, and/or damage that may occur while your	
/We have read and	understand the information a	bove and accept the	e designated respon	nsibilities. I hereby grant participation in all	
aspects of this trip⊁>	(Granted Denied Gran	ted with the following	ng exceptions:	(Describe)	



Merritt Island High School 100 East Mustang Way Merritt Island, FL. 32953

NON-MIHS STUDENT PROM PARTICIPATION FORM

PLEASE PRINT IN INK

In order to ensure safe Prom festivities, all school rules and consequences apply to anyone who attends school related functions, regardless of student status. If your date attends another school in Brevard County, this school form is sufficient.

- -Students attending Adult Education or the Abeyance School are not eligible to attend.
- -Guest age cannot exceed 20 years old
- -Middle School students are not permitted to attend.

MERRITT ISLAND HIGH SCHOOL STUDENT:

No refunds or guest substitutions.

Student and Guest must present Photo ID (driver's license, ID card) at the door.

By submitting this form you understand that Florida Today may be present to take photographs.

********ALL GUEST FORMS MUST BE SUBMITTED TO THE DEAN'S OFFICE FOR APPROVAL
BY 3:30pm on FRIDAY, APRIL 5, 2024*******

NAME	GRAD	E	PHONE NUMBER				
PARENT NAME		THEIR PHONE NUMBER					
GUEST WHO CURRENTLY ATTENDS ANOTHER HIGH SCHOOL:							
Guest Name							
Name of High School Guest							
This student is in good standing academically and has no major disciplinary infractions. He/She is recommended to be allowed to attend the Merritt Island High School Prom. It is understood that any inappropriate actions on behalf of the student will be handled accordingly.							
Signed by Guest School Office	cial Control of the C	Date					
	Phone Number						
	TED FROM HIGH SCHOOL:						
Guest Name		1000 m	Date of Birth				
Guest Phone Number	st Phone Number Guest Driver's License Number						
High School Guest Graduation	from						
Parent/Guardian Name		Their Phone Number					
Date:	Approved_		Not Approved				