

# **Mandarin Middle School**

**When:** Saturday, February 24<sup>th</sup>, 2024

**Cost:** \$20 per person

**Where:** Mandarin Middle Courtyard

## **Payment Schedule**

Payment due by Friday, February 23<sup>rd</sup>, 2024

First 400 eligible students to pay will go!!!!

## **On-Line Payment through School Cash Online**

### **Eligibility Requirements**

No Level 2 Referrals

**For payment or more details see:**

Ms. Gaffney or Ms. Duarte

### **PLEASE NOTE:**

**Due to contractual obligations there  
NO refunds.**

**Mandarin Middle Student Incentive  
Winter Formal Permission Form**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School/School Number:** Mandarin Middle School

**Telephone:** (904) 292-0500

**Destination Location:** MMS Courtyard

**Purpose of Field Trip:** Winter Formal Student Incentive **Date:** Saturday 2/ 24/ 24

**Begin Time:** 5:30 pm

**Return time:** 8:00 pm Parent Pick up- Car Rider Circle

**Cost:** \$20.00 per student admission and lite snacks

**ONLINE PAYMENT SCHOOL CASH ONLINE  
Due to contractual obligations, there are no refunds.**

Students must have the dean's signature on the permission form. This is a Semi-formal event for the student body. First 400 students will get access to the dance.

**For questions or more details see: Gaffney or Duarte**

**Eligibility Requirements**

No Level 2 Referrals

I/We consent to \_\_\_\_\_ Grade level \_\_6, 7, 8\_\_\_\_ to attend the

**Student's Name**

**Winter Wonderland School Dance on Saturday, February 24<sup>th</sup>, 2024.** I agree to release and discharge Duval County School Board, its officers, agents, and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities. I agree to pick up my child from MMS at 8:00pm to go home after the dance.

**Dress code- Semi Formal Attire Required**

**NO CLASS II REFERRALS AFTER INITIAL PAYMENT IS MADE**

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

#1 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

#2 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

In the event of a medical emergency, I give permission to the School Board personnel to authorize whatever treatment is necessary and I will accept liability for payment of any bills related to the treatment.

Insurance Company \_\_\_\_\_

Policy Number/Group Number \_\_\_\_\_

Effective Dates \_\_\_\_\_

Please list any medical problems or special needs (including medication). Medications will only be issued by School Board Personnel (Complete a Parent Permission for Medication Administration Form)

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