



Holy Hill Area School District

3117 Holy Hill Road * PO Box 127 * Richfield WI 53076

Dear Parent/Guardian:

There will be a dance held on **Friday, December 13th** from **3:30-5:30pm**. The cost per student is **\$5.00**.

Students will be expected to bring in their permission slip and money by Tuesday, December 10th to Mrs. Hose or Ms. Delessio.

SPECIAL NOTATIONS: No phones will be allowed and concessions will be available.

If you will allow your child to participate in the above-described event, please complete the permission form below and return it along with the fee by the 10th.

Thank you!

PERMISSION SLIP

(Detach and return to Mrs. Hose or Mrs. D'Alessio)

I hereby grant permission for _____ to participate in the above-described activity.

***PLEASE INITIAL HERE IF YOU PAID FOR THIS FIELD TRIP THROUGH EFUNDS.** _____

Comments:

Date

Signature of Parent/Guardian

Phone number during the field trip