

BETA Class of 2010 Senior Lock-In

Dear Parent/Guardian:

A lock-in involving your child is scheduled for August 14-15, 2009. The purpose of the lock-in is to allow the senior class to come together for an evening of planning and team building.

We will be hosting the Senior Class in the student lounge from 8:00pm Friday, August 14 until 8:00am Saturday, August 15. Students are welcome to be dropped off or they may drive themselves. The doors will lock promptly at 9pm. No one will be allowed to enter or exit the building until 6am the following morning.

Your signed permission is necessary for your child to participate in this activity. Please complete the attached release form and have your son/daughter bring the form with him/her to the lock-in. NO ONE WILL BE ALLOWED ADMISSION TO THIS ACTIVITY WITHOUT A PERMISSION FORM SIGNED BY THE CHILD'S PARENT OR GUARDIAN.

Please contact either April Gutierrez (april.gutierrez@stisd.net) or myself (bob.schmidt@stisd.net) 956-383-1684 if you have any questions or concerns.

Thank you for your consideration.

Sincerely,



Bob Schmidt
Senior Class Sponsor



April Gutierrez
Senior Class Sponsor

What Your Child Should Bring To The Lock-In:

- Sleeping bag
- Pillow
- Warm/comfortable clothes to change into (pjs, sweats) *needs to adhere to dress code*
- Snack to share (Cookies, Chips, Candy...)
- An open heart, and an open mind...



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Permission Form

BETA Class of 2010 Senior Lock-In

I/We the parent(s)/guardian(s) of _____

request that South Texas BETA allow my child to participate in the **BETA Class of 2010 Senior Lock-In from 8:00pm Friday, August 14 until 8:00am Saturday, August 15 in the BETA student lounge.**

I understand that he/she will be responsible for his/her own transportation to and from this activity and will be supervised upon arrival by **Mrs. April Gutierrez and Mr. Bob Schmidt**, faculty of South Texas BETA.

I understand that all precautions will be taken to prevent any accident, and I do hereby release the South Texas Independent School District, its agents or employees from any liability resulting from an accident involving my child while involved in this activity. In case of emergency, I hereby authorize a representative of the South Texas Independent School District to seek medical attention for my child.

Parent/Guardian Signature: _____ Date: _____

* Emergency Information *

Contact Number: _____

Medical Conditions:

Medications:
