

**YOU ALL ASKED FOR IT, YOU ALL GOT IT!**

**DECEMBER 7<sup>TH</sup> FROM 4:30PM-7:30PM COMING TO  
OUR BUDEWIG CAFETERIA LIKE YOU'VE NEVER SEEN  
BEFORE...**

# **6<sup>TH</sup> GRADE MOVIE NIGHT**

**ENTRANCE COSTS \$20  
WHICH INCLUDES THE**

- MOVIE**
- PIZZA**
- POPCORN**
- & DRINK**

**DON'T MISS OUT ON THE EVENT OF THE YEAR.  
6<sup>TH</sup> GRADE BUDEWIG STUDENTS ONLY.**

Please return the bottom portion of this form to Ms. Rauda in the AP Office along with the money.

My child and I are familiar with the Alief ISD Code of Conduct and are in agreement that he/she will abide by all rules and regulations while attending this school-sponsored event.

Student Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

I give permission to contact the following in case of emergency and if I cannot be reached.

	<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
1			
2			
3			

My child has special dietary or medical needs such as: \_\_\_\_\_