

Bordentown Regional MIDDLE SCHOOL



Building a Community of Learners

Dr. Edward J. Forsthoffer III
Superintendent of Schools

Joseph Sprague
Principal



Lisa Sabo
Assistant Principal

50 Dunns Mill Rd., Bordentown NJ 08505

Phone: (609) 298-0674

Fax: (609) 291-1929

Web: www.bordentown.k12.nj.us

BRMS Movie Night Guidelines

Location: Bordentown Regional Middle School Auditorium

Time: Friday, January 20th from 7:00 pm – 9:00 pm

- Please note: Students will not be allowed to enter movie night after 7:30 pm.
- Please note: Students need to be picked up no later than 9:00 pm.
- For safety reasons, students will not be allowed to leave early or with another parent without prior permission & administrative approval.

Cost: **Admission to the movie night is Free. Snacks will be sold for \$1 per item.**

- Popcorn, soda, water, chips, candy, etc. **PLEASE – CASH ONLY**

Invitees: The movie night is for BRMS students only.

Movie: Middle School

Please view the trailer using the link below. Signing this permission slip indicates that you acknowledge the movie being viewed that evening and are giving your child permission to watch this movie rated PG.

https://www.youtube.com/watch?v=IKm7y_oIcSo



Our goal is to create a safe and fun environment so that our students can enjoy themselves while following the rules. Proper dress code and behavior is required.

Cell phones are permitted however; they can only be used 30 minutes prior to the end of the night. No other electronic devices are permitted during the event. BRMS will not be responsible for any lost or damaged electronics (i.e., phones etc.).

Any student that is currently serving an “in-school” or “out of school” suspension cannot attend the event. If a student is suspected to be under the influence of alcohol or another illegal substance, the parent will be called to take him/her for drug/alcohol testing (District Policy #5190).

To make this event enjoyable for everyone, please encourage your child to follow the above rules so they will not receive a consequence. **Permission slips must be turned in at the door the night of the event.**

I agree to the above guidelines

(Student Name)

(Student Signature)

Please Circle Your Grade:

6

7

8

(Parent/Guardian Name)

(Parent/Guardian Signature)

Emergency Contact Number: