Birchmount Park Collegiate Institute

3663 Danforth Avenue, Scarborough, Ontario M1N 2G2
Tel: (416) 396-6704 • Fax: (416) 396-6759
E-Mail Address – Birchmount@tdsb.on.ca

Guest Name: **Name of BPCI student:**

Dear Potential Birchmount Park Guest:

In order to attend the Birchmount Park Collegiate Institute Prom on Thursday, June 6th, 2019 as a guest of a Birchmount Park C.I. student, you must be currently or previously enrolled as a day-school student at a secondary school in the Greater Toronto Area. You must also be recommended to attend our Prom by an Administrator (Principal or Vice-Principal) at the school you attended. **If you are currently enrolled in a post secondary school, you will need to return to the secondary school that you attended and ask an administrator to recommend you for attendance.**

Please be advised that this school function is an **alcohol, tobacco, vaping and drug free-event**. All persons who attend the event and are deemed to be under the influence of alcohol or drugs or who is found to be smoking or vaping will not be admitted to the event and tickets are non-refundable.

By Friday May 17th you must.....

- Provide this Recommendation Form to an Administrator at your school
- Ask the Administrator to Fax this from to Birchmount Park Collegiate Institute

If this form is not received at Birchmount Park C.I. by the aforementioned deadline, you will not be able to attend the Prom as a guest of a BPCI student.

Dear Administrator:

The student identified above has indicated that they would like to attend the Birchmount Park C.I. Prom on Thursday, June 6th, 2019 as a guest of a Birchmount Park C.I. student. We would like to ensure that this student will participate in the Prom in an appropriate, concern free manner.

Please fill in the form below and fax by ***by Friday May 17th*** *to Ms. Austrom, Principal of Birchmount Park C.I. at 416-396-6759. Please fax this along with the student's index card and an official fax cover page from your school. Many thanks for your assistance.*

Name of School: Phone #:

Name of Student:

I believe that this student (Circle one) should should not be permitted to attend the Birchmount Park C.I. Prom on Thursday, June 6th, 2019.

Brief comments:

Administrator: **Signature:**

Toronto District School Board