



Student Waiver for Dress Up Activity Date _____

Print Name Clearly (LAST, FIRST)	
STUDENT SIGNATURE	
DATE	

The Administration Team has the authority to implement all schools and district policies if you do not fulfill these expectations. Please initial the last column below to verify you have read, understand and agree to the following expectations.

CONDITIONS FOR DRESS UP		INITIALS
I will adhere to the dress up requirements stipulated by the WAY council and the School administration Team		
I will wear the wristband snugly on my wrist. The wristband will be visible before entering the front gates and throughout the school day.		
I will enter the campus ALREADY dressed up following expectations that I have agreed to (SEE BELOW). I understand I WILL NOT change my clothes once I enter the school campus.		
APPROVED ATTIRE	NOT ALLOWED FOR DRESS UP DAYS	
SHIRTS/BLOUSE/TOPS		
Must be short or long sleeved and must cover stomach/back	NO Tank Tops, Spaghetti straps, low neckline, Off-the Shoulder, Cropped Tops, tight or see through blouses. Also NO sweaters/cardigans worn over any of these items. NO pull-overs or half-zipped jackets/sweaters/sweatshirts worn as blouses only. NO pictures or words that display obscenity, sexually suggestive statements, drug & alcohol	
PANTS		
Must be Jeans/Slacks/Khakis	NO Rips, Cargo Pockets, Tights, Leggings, Jeggings, Jogger Pants, Pajamas & Elastic Bands on Ankle.	
SHORTS		
Must be within 2 inches above the knee or longer and appropriate for school	NO Cargo Pockets NOT tight, ripped, shredded or more than 2 inches above the knee or shorter	
SHOES		
Must be closed-toe	NO sandals, zories, athletic slip ons with or w/o socks	
ACCESSORIES AND OTHER INFORMATION		
Accessories specified by WAY for activities	NO disapproved accessories (chains, hats, facial piercings, non-prescriptive glasses, caps, visors, beanies, badges, emblems, inappropriate writings/pictures pins, and/or bandanas)	
NO dress, skirt, or skorts allowed		
Any violations of any statements above, my wristband will be confiscated and no refund will be given.		

I have read understand and agree to the above condition. I take full responsibility of my actions. I understand that if I fail to adhere to these conditions, the consequence will be a referral to the Student Support Services Office (SSSO) for appropriate disciplinary actions.

ACKNOWLEDGED BY _____
Dr. Adamos, Principal