



**STUDENT COUNCIL PAINT NIGHT**  
**Come paint a picture with us!**

**The HTS Student Council is sponsoring a night of painting and fun for 2nd and 3rd grade students at Holland Township School!**

**WHEN:** Friday, February 21st, 2025 from 6:30 p.m. to 8:30 p.m.

**WHERE:** HTS Auditorium

**COST:** \$10

(This fee will cover the cost of materials including the canvas and paint.)

**Popcorn and water will be provided.**

**SPACE IS LIMITED FOR THIS EVENT!**

Pre-Registration is required for this event. Please fill out the permission slip below and return it with a \$10 payment by Thursday, February 13th.

**Supplies will be pre-ordered for this event.  
We will not be able to accept late permission  
slips.**

Please contact Ryan Pfenning ([rpfen@hollandschool.org](mailto:rpfen@hollandschool.org)) x6229  
or Jen Leap ([jleap@hollandschool.org](mailto:jleap@hollandschool.org)) x6317 with any questions!

# HOLLAND TOWNSHIP SCHOOL DISTRICT

Mrs. Stephanie Snyder, Superintendent  
Mrs. Susan Wardell, Principal/Curriculum & 504 Coordinator

908-995-2401  
[www.hollandschool.org](http://www.hollandschool.org)

## **PAINT NIGHT PERMISSION SLIP** **2nd and 3rd graders**

Dear Parents and Guardians,

The Holland Township Student Council is hosting a Paint Night on **Friday, February 21st from 6:30 p.m. to 8:30 p.m.** All 2nd and 3rd grade students are invited to attend.

The cost of the event is \$10 per child. Water and popcorn will be provided.

Please fill out the information below and send the permission slip back with payment by **Thursday, February 13th.** Staff chaperones and Student Council members will be present at this event. Thank you for supporting our Student Council!

Sincerely,

Ryan Pfenning & Jen Leap  
Student Council Advisors

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### **Paint Night Permission Slip**

Please return this portion of the form by Thursday, February 13th.

I give permission for my child to attend the Student Council Paint Night on **Friday, February 21st from 6:30 p.m. to 8:30 p.m.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Allergies: \_\_\_\_\_