

Dear Parent/Guardian,

On Friday, October 28, Canyon Lake Middle School ASB will be hosting a

# Halloween Dance & Haunted Hall

Location: Canyon Lake Middle School MPR

Theme: **Halloween**

Refreshments: No outside food or drink will be allowed into the event.  
No bottles or other containers will be allowed into the event.  
Students will need money if they wish to purchase snacks, drinks and glow bracelets.

Time: **2:00 pm to 4:00 pm.**

Ticket Sales: **Cost will be \$5**  
Turn in admission fee and permission slip to the ASB window during break or lunch.

Dress code: Costumes are allowed but not required. All students are required to maintain the dress code guidelines. No full face masks, no weapons. Students who violate our dress code will be pulled from the activity and parents will be notified.

Behavior: Inappropriate behavior and inappropriate dancing will not be tolerated. School rules apply.

Pick-Up Students must be picked up by 4:15pm. There are no late buses. You must provide your own transportation home.

Snack Bar There will be snacks, soda and waters available for purchase for \$1 - \$2, glow bracelets for \$1

**Letters from parents or other slips are ABSOLUTELY NOT accepted in lieu of this District approved permission slip.**  
**Because of the volume of permission slips, faxed permission slips will not be accepted.**  
**Permission slips can only be signed by the student's parent or legal guardian.**

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Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

My child has my permission to attend the ASB Halloween Dance on **October 28, 2016 from 2:00pm-4:00pm.** I understand and do hereby assume all risks, will hold the Lake Elsinore Unified School District, its officers, agents and employees, harmless from any and all liability or claims whatsoever which may arise out of or in connection with a trip or participation in any activities arranged for the participant by the Lake Elsinore Unified School District. I understand that I will be responsible to provide transportation home for my student.

I realize that the school district personnel will do all within their power to provide adequate supervision and will hold blameless the School District, its governing board, PTSA and teachers in case of accident. I further authorize the staff to take my child to any physician to render necessary medical treatment when I cannot be reached.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name Printed