

Dear Parent/Guardian,

On Friday, October 25, 2019, Canyon Lake Middle School ASB will be hosting a

Halloween Dance



- Location: Canyon Lake Middle School MPR
- Theme: Halloween (dress code applies)
- 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 to purchase snacks and refreshments.
- Time: 2:00pm to 4:00pm.
- Ticket Sales: Cost will be \$5 presale and \$7 the day of the dance (October 25th)
Admission fees and permission slips will be turned into the ASB window October 21st-October 24th. If paying the day of the dance the cost will be \$7. Presale wrist bands will be given out Friday at lunch on the stage.
- Dress code: All students are required to maintain the dress code guidelines we follow during the school day. Students who violate our dress codes will be pulled from the activity and parents will be notified.
- Behavior: Inappropriate behavior and inappropriate dancing will not be tolerated. School rules apply.
- Security Check: To insure the safety of everyone, students will be asked to leave ALL backpacks and purses at the bike rack so it can be locked and secured for the duration of the dance.

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.

Please tear off bottom half and keep top half for information

THERE ARE NO LATE BUSES. By signing the permission slip below, I (parent/guardian) will provide transportation home after the event. ALL STUDENTS MUST BE PICKED UP BY 4:15 PM!



Student's Name: _____

Grade: _____

My child has my permission to attend the ASB Halloween Dance on **October 25th, 2019 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, 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

Home Telephone Number/Cell Number _____

