**The Petrides School**

 **EDUCATIONAL EXCELLENCE FOR 21ST CENTURY**

**715 Ocean Terrace- Building B- Staten Island, New York 10301**

**Telephone: 718.815.0186 Fax: 718.815.9238**

 *Anthony Tabbitas Principal Jennifer Ponzi, Assistant Principal*

October 2024

Dear Parents/Guardians,

  On Tuesday, October 31, 2024, our Elementary School students are invited to participate in our annual Dance Party on the Quad.  We plan this annual event to coincide with Halloween.

All students are welcome to wear costumes and participate in our special event.  Halloween costumes must be appropriate for school.  Costumes must be non-violent, an appropriate length and warm enough for the student to participate in an outdoor event.  Facemasks and props that are carried, such as wands and sticks, are not permitted as they are unsafe for school.  Fake weapons such as plastic guns, knives, swords, etc. are also not permitted.  Children should not bring any candy, sweets or goody bags to school on October 31st as we have to ensure the safety of all of our students.

  Parents are invited to attend the outdoor event.  Parents can line up under the covered walkway on the quad beginning at 8:45 and watch the parade of students and dance party. The event will last from 9:00am-9:45am. We appreciate your support in making this event a success!  We look forward to a safe and healthy Halloween.

Yours truly,

Jennifer Ponzi

Assistant Principal

------------------------------------------------------------------------------------------------------------

PLEASE RETURN TO YOUR CHILD’S TEACHER NO LATER THAN 10/30/2023

Halloween Permission Slip

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Official Class Teacher),

I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the Halloween Dance Party.

I would like my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of class \_\_\_\_\_\_\_ to stay inside and complete a fall art project with Ms. Wilson.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_