



# Spend a School Day as a St. Bernard Viking!

## Viking for a Day Permission Slip

Name of Student Participant \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Date of Student Shadow Day Visit \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name(s) and Number(s) \_\_\_\_\_

List any special medical conditions (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The signatures below indicate your permission for the above student's attendance at a Viking for a Day at St. Bernard High School. Student participants will partner with a Viking Ambassador, "shadowing" his/her classes. Viking for a Day participants must be dressed according to the guidelines provided, consistent with the school uniform policy at St. Bernard High School. A signature from a school administrator of the participant's school is also required if the student will miss any regularly scheduled school time.

Thank you for selecting St. Bernard High School for a Student Shadow Day!

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature is necessary only if your school is in session on the scheduled Student Shadow Day.)

This form needs to be submitted to the Main Office upon arrival to St. Bernard High School on the morning of your scheduled Student Shadow Day.

