



Come Spend the Day With Us as a **ST. BERNARD VIKING!**

Student Shadow Day Permission Form

Name of Student Participant _____

Date of Student Shadow Day Visit _____

School _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

Emergency Contact Number(s) _____

List any special medical conditions (if applicable):

The signatures below indicate your permission for the above student's attendance at a Student Shadow Day at St. Bernard Catholic High School. Student participants will partner an Academic Coach or Viking Ambassador for the day, "shadowing" his/her classes. Student Shadow Day participants must be dressed in appropriate *professional dress* consistent with the school uniform policy at St. Bernard Catholic 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 Catholic 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 Catholic High School on the morning of your scheduled Student Shadow Day.