



Student Shadow Parent/Guardian Permission

York Catholic is pleased to welcome your child for a visit to our school. Please submit this signed Parent/Guardian Permission Form prior to your child's visit, by returning it by mail to: Heather Hoffman, Director of Admissions, YCHS, 601 E. Springettsbury Avenue, York, PA 17403 or scan and email the signed form to hhoffman@yorkcatholic.org.

We must have the signed form on file before your child can visit. If you have questions, please call Heather at 717-846-8871 x220.

Please print:

Student Name: _____

Student Activities/Interests: _____

Current School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Please list your preferred Shadow Day date choices:

First Date Choice: _____

Second Date Choice: _____

Student Health Concerns (please include any allergies): _____

I understand by signing this form, I am giving my child _____ (name) permission to visit York Catholic High School on a Shadow Day and I authorize York Catholic staff to act for me in the event of an emergency, accident, or illness involving my child. I further understand that I am responsible for my child arriving at York Catholic High School by 8:00 AM as well as providing transportation for my child to be picked up at 2:45 PM for the scheduled Shadow Day visit.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against York Catholic High School, the Diocese of Harrisburg, and any diocesan or school officers, agents, or employees, which may arise from participation of the named student in the above-described event.

Parent/Guardian Name (*please print*): _____

Signature of Parent/Guardian: _____ Date: _____