

**Visit York Catholic for a Day  
Parent/Guardian Permission**

York Catholic is pleased to welcome your child for a visit to our school. We must have this signed form on file before your child can visit. Please mail it to the address above or email it to [admissions@yorkcatholic.org](mailto:admissions@yorkcatholic.org).

***Please print:***

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_  
*Street City State Zip*

Student Activities/Interests: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Student Health Concerns (please include any allergies): \_\_\_\_\_

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I understand by signing this form, I am giving my child permission to visit York Catholic Middle & High School for the duration of the school 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 by 8:00 AM as well as providing transportation for my child to be picked up at 2:30 PM for the scheduled visitation day.

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 Middle & 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: \_\_\_\_\_