

**VIP Day for Prospective Students
Parent/Guardian Permission**

York Catholic is pleased to welcome your child to spend the day at 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 clee@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): _____

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: _____