



ST. LUCY'S
P R I O R Y
H I G H S C H O O L
G L E N D O R A , C A

SHADOW AUTHORIZATION FORM 2012-2013

THIS AUTHORIZATION FORM NEEDS TO BE GIVEN TO THE DIRECTOR OF PUBLIC RELATIONS & ENROLLMENT ON THE VISIT DATE.

Student's First Name: _____ Last Name: _____

Birthday (month/day/year): _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Email Address (please print clearly): _____

Mother's Name: _____ Mother's Cell: _(_____) _____

Father's Name: _____ Father's Cell: _(_____) _____

Date of Shadow Visit: _____

Student's Current School: _____

Photo Release:

_____ *Yes, my daughter's name and/or photograph may be published on the school website and/or school newspaper.*

_____ *No, my daughter's name and/or photograph may not be published on the school website and/or school newspaper.*

Waiver:

By signing this form, I hereby waive and release St. Lucy's Priory High School, and their employees, from any and all liability for any injuries and illness incurred while my child is visiting the school. I know of no mental or physical problem that may affect my daughter's ability to safely participate in the Shadow Visit Program.

Signature of Guardian

Date