



**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 2016-2017**

THIS AUTHORIZATION FORM NEEDS TO BE GIVEN TO MS. ROSSI,  
DIRECTOR OF ADMISSIONS & PUBLIC RELATIONS 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\_\_\_\_\_ *No, my daughter's name and/or photograph may not be published on the school website and/or school newspaper.*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