



2011 Shadow Program Permission Form

Instructions for parents:

1. Complete this form. Your student will bring it with him/her on the shadow date.

STUDENT'S NAME

CURRENT SCHOOL

- I request and authorize my child to visit Nolan Catholic on _____
Date (assigned by NCHS)
 - I acknowledge that a parent/guardian or authorized adult will drop off and pick up my child from NCHS.
 - My child will be given lunch. If he/she has an allergy or health concerns, they are listed here:
- _____

PARENT/GUARDIAN NAME (print)

PARENT/GUARDIAN signature

PARENT/GUARDIAN cell phone #

PARENT/GUARDIAN email address

STUDENT home address

- Shadow students should be in their school uniform or in dress (Sunday) clothes. **NO** jeans or flip-flops. A sweatshirt or sweater is strongly recommended.
- Shadow students should bring a book to read on the day of the shadow.

**If you have any questions or concerns, please contact the Office of Enrollment Management
PH: 817-395-0245/ FAX: 817-395-0445**

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