



6000 Queens Highway, Parma Heights, OH 44130
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Shadowing Permission Form

PLEASE BRING THIS FORM WITH YOU ON YOUR SCHEDULED VISIT DAY AND RETURN IT TO THE DIRECTOR OF ADMISSIONS.

Name of Visitor: _____

Date of Visit: _____

Address: _____

City: _____ Zip: _____

Current School: _____ Grade: _____

IT IS THE RESPONSIBILITY OF THE VISITOR'S PARENTS/GUARDIANS TO NOTIFY HIS/HER CURRENT SCHOOL OF HIS/HER SHADOW VISIT TO HOLY NAME HIGH SCHOOL. THE VISITOR'S PARENTS AND/OR GUARDIANS ASSUME ALL RESPONSIBILITY FOR TRANSPORTATION TO AND FROM HOLY NAME HIGH SCHOOL ON THE DAY OF THE VISIT. FURTHER, THE PARENTS/GUARDIANS ASSUME ALL LIABILITY AND RESPONSIBILITY FOR THE STUDENT VISITOR WHILE ON HOLY NAME'S CAMPUS.

Signature of Visitor's
Parents/Guardians: _____

Home Phone: _____ Cell Phone: _____

I HAVE READ AND UNDERSTAND THE GUIDELINES FOR THE SHADOWING PROGRAM AT HOLY NAME HIGH SCHOOL. I ALSO UNDERSTAND THE EXPECTATIONS REGARDING BEHAVIOR AND DRESS CODE WHILE AT HOLY NAME HIGH SCHOOL.

Signature of Student: _____

Signature of Elementary School
Principal: _____