

# St. John's School



43900 St. John's Road Hollywood, MD 20636 ~ 301-373-2142 ~ [www.sjshollywood.org](http://www.sjshollywood.org)

## **SHADOW DAY!**

### **PERMISSION TO SPEND A DAY WITH A SJS STUDENT**

I give my child, \_\_\_\_\_ permission to spend a day at St. John's School. I accept the responsibility to see that my child understands that while s/he is at SJS s/he will be expected to abide by the rules as outlined in the school handbook.

(<http://www.sjshollywood.org/docs/HANDBOOK-2011-2012.pdf>) In the event that the regulations at St. John's School are not followed, I will come to pick up my child upon request.

Date of visit: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(home) (mother's work/cell) (father's work/cell)

Any medical conditions (if applicable): \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Request for SJS Student Host: \_\_\_\_\_

Method of transportation to and from St. John's School:

- Parent will drop off/pick up  
 Student will carpool with \_\_\_\_\_

We would like you to be our guest for lunch (compliments of St. John's School). Please check the website for the menu and write your choice here:

\_\_\_\_\_  
([www.sjshollywood.org/Parents/HotLunchProgram.aspx](http://www.sjshollywood.org/Parents/HotLunchProgram.aspx))

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date