



# Seton Academy

www.seton-academy.org

## Shadow Day Permission Slip

Name of Student: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Grammar School: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian), give permission for my son/daughter to participate as a shadow student at Seton Academy on \_\_\_\_\_ (date) from 7:45am to 2:45pm. I agree to support the policies and procedures of Seton Academy for this visit. I understand that he/she must have permission from his/her principal to attend if he/she will be missing school this day. I also understand that I will be asked to pick up my child immediately if he/she is not appropriately dressed.

**\*\*DRESS CODE: Dress-up preferred; NO: jeans, t-shirts, sweats, hoodies, etc. \*\***

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Principal's Signature