



# Roman Catholic High School Kairos Retreat Permission Form

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

I am opting to attend the following Kairos Retreat

- June 25 - 28, 2018
- October 30 - November 2, 2018
- December 4-7, 2018
- February 12-15, 2019

**No money is due at this time.** The cost for Kairos is \$175, and it will be added to your tuition account at the time of the retreat. Space is limited on each retreat, and it will fill quickly. If you are interested in attending, it is important that you **return this form** as soon as possible.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to: Roman Catholic High School  
Kairos Retreat Program  
301 N. Broad Street  
Philadelphia, PA 19107

Or Print and Drop off: Main Office

Or scan/photograph and email to: [ministry@romancatholichs.com](mailto:ministry@romancatholichs.com)