



**SHADOW DAY PERMISSION FORM
CARDINAL NEWMAN SCHOOL
2945 Alpine Road, Columbia, SC 29223
803-888-1642**

Name of student participant _____

Date of shadow visit _____ **Home phone** _____

Home address _____

City _____ **State** _____ **Zip** _____

Email _____

Parent/Guardian Name _____

Emergency # _____

Current School _____ **Grade** _____

Please list any special interests (sports, music, art, etc.) _____

List any special medical conditons/allergies (if applicable) _____

The signatures below indicate your permission for the above student's attendance in a shadow day at Cardinal Newman School. Student participants will be paired up with a Cardinal Newman student for the day.

Shadow day students must be dressed appropriately (no jeans, shorts or t-shirts). Students shadowing should arrive in the admissions office by 8:15 AM. Their day will conclude at 3:00 PM.

This form needs to be turned in to the admissions office prior to arrival on the morning of the shadow day.

Parent/Guardian Signature _____ Date _____