

“MERCY GIRL FOR A DAY” PERMISSION FORM



1740 Randolph Road, Middletown CT 06457

Phone: 860-346-6659

Fax: 860-344-9887

Name of student participant _____

Date of Visit _____

(request to be confirmed by Mrs. Santostefano prior to visit)

Current School/Town _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Emergency Phone _____

Parent/Guardian Name _____

Please list the name of a Mercy student (preferably a freshman for 7th & 8th graders or someone in the same class if considering a transfer) that you would like to spend the day with (if applicable) or any special interests (sports, music, art, etc.)

List any special medical conditions/allergies (if applicable)

The signatures below indicate your permission for the above student's attendance as a "Mercy Girl for a Day" visit to Mercy High School. Student participants will be paired up with a Mercy student for the day.

Student visitors must be dressed appropriately in neat, clean attire (no sweatpants, shorts frayed clothing or clothing with holes). Students need to check in at the Main Office by 8:00 a.m. and their day will conclude at 2:00 p.m.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please fax completed form to Diane Santostefano, Director of Admissions
(dsantostefano@mercyhigh.com)