

Greensburg Central Catholic Junior- Senior High School
High School Visit Day



PERMISSION SLIP/REGISTRATION FORM

This activity will take place under the guidance and supervision of employees from Greensburg Central Catholic Junior-Senior High School.

Student Name: _____

Student mailing address: _____

Current Grade: _____ Current School: _____

Event Details:

Location: Greensburg Central Catholic Junior-Senior High School
Date: October 12, 2018
Time: 9:00 am to 12:30 pm
Supervisor: Ben Althof, Principal and Maria Saxman, Guidance
Method of Transportation: Parent transportation
Cost: Free
Lunch: Will be provided during the visit. List any dietary needs:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent Permission for Photographing of Student

My child may be photographed for public relations/enrollment: _____

My child may not be photographed for public relations/enrollment: _____

Parent/Guardian Name: _____

Email Address: _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

Please return by **10/1/18** to
Greensburg Central Catholic Junior-Senior High School
Attn: Visit Day
911 Armory Drive
Greensburg, PA 15601
Or Email to mhughes@gcchs.org