



**SHADOW DAY PERMISSION FORM
CARDINAL NEWMAN SCHOOL
2945 Alpine Road, Columbia, SC 29223
Phone: 803-888-1611 Fax: 803-782-9314**

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 conditions/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 7:45 AM. Their day will conclude at 3:10 PM.**

This form needs to be turned in to the Admissions Office upon arrival on the morning of the Shadow Day.

Parent/Guardian Signature _____ Date _____