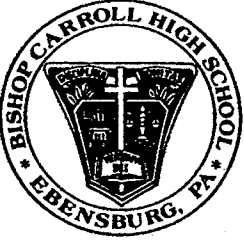


2/26/08



Bishop Carroll High School

728 BEN FRANKLIN HIGHWAY
EBENSBURG, PENNSYLVANIA 15931
TELEPHONE AREA CODE (814) 472-7500
FAX (814) 472-8020

PARENTAL PERMISSION FORM FOR SCHOOL ACTIVITY

We/I _____
(Parent/Legal Guardian)

request that _____
(Name of School/Organization)

permit our child, _____
(Child's Full Name) _____
(Grade)

to participate in a school sponsored activity away from the school campus. The activity will be supervised by school personnel and volunteers. A brief description of the activity follows:

EVENT: _____

DESTINATION: _____

SUPERVISOR: _____

DATE/TIME OF DEPARTURE: _____

DATE/ANTICIPATED TIME OF RETURN: _____

METHOD OF TRANSPORTATION: _____

STUDENT COST: _____

MEDICAL CONDITIONS: _____

Since it is your request that _____
(Name of School)

permit _____
(Name of Student)

to participate in the above mentioned event, you resume full responsibility for any personal actions taken by the student named above. You likewise release the teacher, principal, school, diocese and chaperons from any legal action as a result of any incident which may occur.

(please complete the reverse side of this form)

Putting Our Faith In The Future

As stated in the Bishop Carroll Handbook:

“Students, faculty, staff and volunteers are responsible for the good name of Bishop Carroll High School. Those who bring discredit to themselves or the school’s good name as a result of improper conduct outside of school will be dealt with in an appropriate manner when the misconduct becomes known to the school. Any behavior which results in criminal charges may be grounds for dismissal or expulsion.”

Parental Contact Information:

(Home Phone)

(Mother’s Cell Phone)

(Father’s Cell Phone)

In case of an emergency how do you want the situation handled?

Call emergency 911? Yes No

Transport your child to the nearest doctor/hospital? Yes No

Do what school representatives feel best for this child? Yes No

Other (please specify) _____

Signature of Parent/Legal Guardian

Date

Please return this completed form

To _____

By _____

This form will be kept on file for one year.