



Griffin for a Day Permission Form

Student's Name: _____

Parent: Last Name _____ First Name _____

Phone #: Home _____ Work _____

Address: Street _____

City _____ Zip _____

Student's Current School _____

Student's Current Grade _____

Requested Date of Visit to QP: _____

Alternate Requested Date of Visit to QP: _____

Student Interests:

_____ **Host Needed**

_____ **Request for Host (QP student)** _____

I give permission for my son/daughter _____ to participate in the Griffin for a Day Program at Queen of Peace High School on _____ (date). In case of emergency I can be contacted at _____ or _____.

_____ (Parent/guardian signature)

_____ (Grammar School Principal signature of approval)

The student's grammar school principal needs to approve the visit to our school.