



# CALVARY

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## EPISCOPAL PREPARATORY

### Shadow Visitation Permission/Release

Date: \_\_\_\_\_

To: Calvary Episcopal Preparatory,

I give permission for my child, \_\_\_\_\_, to participate in admission testing, classroom activities and assessment, and/or school activities for consideration of admission into Calvary Episcopal Preparatory. I release the school from all liability and can be reached at the below listed phone number(s) in case of emergency, however give permission for the Head of School, Administrative staff or a faculty member to act on my behalf in an emergency if I am unable to be reached.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian of above listed child.)

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Any known allergies, medical conditions, or medications (associated with above listed child):

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