



BISHOP MCNAMARA CATHOLIC HIGH SCHOOL

Where Amazing Happens...Every Day!

SHADOW DAY PERMISSION FORM

My daughter/son, _____, has my permission to spend the day at Bishop McNamara Catholic High School as a guest of _____, on _____.

I understand that my child will abide by all the rules and regulations of McNamara. I have contacted her/his grade school to inform them that she/he will not be in school on the day of the visit.

I can be reached at the phone number below in case of emergency.

Student's Name: _____ Parent's Name: _____

Address: _____

Phone #: _____ Emergency #: _____

Current Grade: _____ Current School: _____

Parent Signature: _____

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