

SENIOR HIGH RETREAT PERMISSION FORM

Please return this form to the homeroom teacher by September 23.

I give permission for _____ to attend the Senior High Retreat.
Initial here -- _____ I give the administration, staff or designees of Gloucester County Christian School permission to secure medical treatment in case of emergency.

_____ will not be attending the Senior High Retreat. Students not attending the
(Student Name)
retreat are required to attend school on those two days. Assignments will be given and evaluated.

(Parent Signature)

(Date)

(Parent Name)

Home phone number _____

Work phone number _____

Cell phone number _____

Please make the check payable to "Gloucester County Christian School" or "GCCS"

_____ Cash
_____ Check Check number _____

Insurance Information:

Company _____

Policy # _____

Company phone # _____

Allergies? _____

Walk in sleep? _____

Medications? _____