



### Bring a Friend to School Day, 2019

January 18, 2019

“Bring a Friend to School” is a program offered to **current parents** of Kindergarten through seventh grade students to invite **potential students** to spend a day with their children at St. Rose Catholic School. These potential students can be part of their neighborhoods, sports clubs, summer camps, relatives, etc. This event is for students who are visiting St. Rose Catholic School for the first time, not for former students. Because of space limitations, reservations for visiting students will be taken on a first come, first serve basis with up to eight guest students able to visit each grade level.

To participate in this program:

- On Monday, February 11, parents of St. Rose Kindergarten through 7th grade students may invite one of their children's friends to school for the day.
- St. Rose parents should ask visiting student’s parents to complete the following “Visiting Student Information and Permission Form” by February 8 and turn in to the school office. Permission forms will reserve a visiting student’s spot on a first come first serve basis. Visiting students who have not turned in a permission form will be unable to attend.
- St. Rose students are permitted to bring one friend. Visiting students and parents must be genuinely interested in attending St. Rose Catholic School, not expecting this to be an opportunity to have childcare during a non school day in the public schools.

On Monday, February 11:

- Visiting students can travel to and from school with their St. Rose friend, or can arrive separately and meet by the start of school. Visitors should be picked up by their parents or their St. Rose friend’s parents at the close of the school day.
- Visitors should bring his or her own lunch and any food allergies or medications should be noted on the permission form.
- Visitors should wear clothes that adhere to the St. Rose Catholic School Free Dress Policy found on page 21 of our Parent Handbook:  
[http://dwscbcy9jc8hm.cloudfront.net/sites/80/comfy/cms/files/7175/files/original/2018-2019\\_PARENT\\_HANDBOOK\\_%28PDF%29.pdf](http://dwscbcy9jc8hm.cloudfront.net/sites/80/comfy/cms/files/7175/files/original/2018-2019_PARENT_HANDBOOK_%28PDF%29.pdf)
- Visitors must adhere to the policies and procedures of St. Rose Catholic School.

**For more information:** Please contact Michelle Machado in the front office @ [mmachado@saintrosecatholicsschool.org](mailto:mmachado@saintrosecatholicsschool.org) or 805-238-0304 ext. 110

**Bring a Friend to School Day, 2019**

**Visiting Student Information and Permission Form**

Name of visiting child: \_\_\_\_\_

Current school and grade level of visiting child: \_\_\_\_\_

Visiting child's St. Rose Catholic School friend is: \_\_\_\_\_

My visiting child will (please circle one):

1. Arrive at St. Rose with her/her friend                      2. Arrive at St. Rose separately by 8:00 a.m.

My name is (Parent/Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Daytime/Cell phone number: \_\_\_\_\_ (in case of emergency)

Please list all known allergies for your child: \_\_\_\_\_

Please list all medications (both prescription and non - prescription) and/or medical needs:  
\_\_\_\_\_

Saint Rose Catholic School students and their guests are expected to follow the schoolwide policies and procedures found in the 2018 - 2019 Parent Handbook  
[http://dwscbcy9jc8hm.cloudfront.net/sites/80/comfy/cms/files/7175/files/original/2018-2019\\_PARENT\\_HANDBOOK\\_\\_%28PDF%29.pdf](http://dwscbcy9jc8hm.cloudfront.net/sites/80/comfy/cms/files/7175/files/original/2018-2019_PARENT_HANDBOOK__%28PDF%29.pdf).

Saint Rose Catholic School does not carry individual student accident insurance. In the unlikely event of an accident, it is the family's responsibility for any medical bills incurred. If an accident occurs due to negligence, the school maintains full liability coverage.

I, \_\_\_\_\_ hereby give my permission should my child need emergency care, for services rendered to my child by a licensed physician and/or hospital. If, in an emergency, I am unable to arrange for pickup within a reasonable amount of time, I give the school permission to transport my child to a licensed physician or hospital. I also understand that any medical bills are my responsibility.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your signed form to the St. Rose Catholic School office by February 8.**